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ABSTRACT

The three volumes outline Alaska's procedures for implementing individualized education programs (IEPs) and for providing nonbiased assessment of exceptional students. The first two volumes deal with IEPs and include sections on initial identification, referral, multidisciplinary assessment, IEP development/placement, IEP review and reevaluation, and forms. The first volume outlines steps, guidelines, and comments for each section, while Volume II presents support packages (forms, concept papers, discussions of suggested procedures, and informational descriptions). The final volume outlines procedures for nonbiased assessment. Among topics addressed are assessment procedures, a matrix of tests that have been used in a bilingual/bicultural setting, technical considerations, definitions of terms, and seven appendixes comprising a section on resources. (CL)

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PROCEDURE MANUAL

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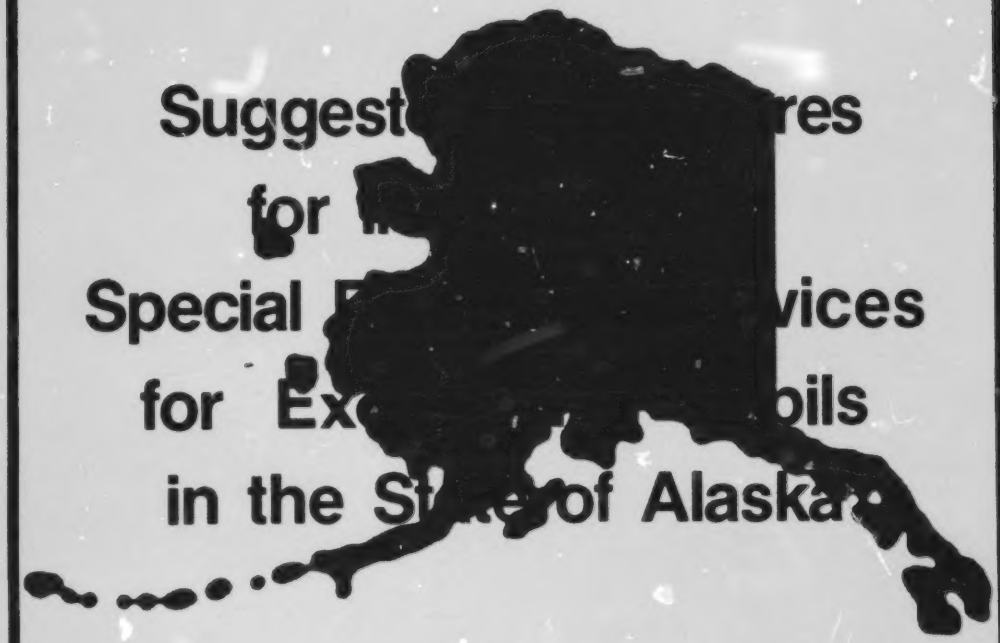

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PROCEDURES MANUAL: VOLUME I

EC 131368

State of Alaska 1978

SUGGESTED PROCEDURES FOR IMPLEMENTING THE INDIVIDUALIZED EDUCATION PROGRAM PROCESS FOR EXCEPTIONAL PUPILS IN THE STATE OF ALASKA

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This document was developed with the assistance of the Northwest Regional Resource Center, Eugene, Oregon, pursuant to Contract No. OEC-300-78-0020 with the Department of Health, Education and Welfare, Bureau of Education for the Handicapped. However, the opinions expressed herein do not necessarily reflect the position or policy of the U. S. Office of Education and no endorsement by the U. S. Office of Education should be inferred.

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FOREWORD AND ACKNOWLEDGEMENTS

These recommended guidelines for implementing state and federal rules and regulations into local practice are the product of much discussion and input from a variety of professionals throughout Alaska. The materials represent an analysis of the most current information available prior to printing. It is emphasized, however, that new developments and interpretations of state and federal laws may occur. The materials and guidelines will be revised in light of such changes.

We would like to express our appreciation to the many persons throughout Alaska who provided suggestions and modifications for the manuals and to the Northwest Regional Resource Center, Eugene, Oregon, which facilitated the development and completion of the project.

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Mike Mosher
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Department of Education
Office for Exceptional Children
Juneau, Alaska

INTRODUCTION

The recommended procedures and support materials included in these volumes have been prepared to assist teachers and school districts in Alaska in complying with the special education programming requirements of the United States Public Law 94-142 and the various Alaska statutes and rules. The procedures reflect final federal regulations as printed in the *Federal Register*, August 23, 1977 and the *Alaska Special Education Handbook*, 1978.

It is important to note that this or any other set of procedures cannot be implemented in a school district without adapting it to the local environment and conditions. Those steps in Volume I which are *required* by law have been shaded. The other steps represent process and best practice. These suggested and required steps may be useful to districts in documenting their procedures in order to receive funds through P.L. 94-142 or the state handicapped program.

These materials have been developed based on the activity flow represented by Figure 1 (p. 6) which results in an individualized education program (IEP) for each handicapped child. The sequence represented in Figure 1 is *required*. Eligibility must be determined and an IEP developed before a child is placed in the appropriate program. It is hoped that by following a set of procedures, a district will be able to go beyond mere "paper" compliance with regulations and provide quality programs for children.

These materials are based on the assumption that the IEP requirement of P.L. 94-142 is best represented as a process (see Figure 1, p. 6) which yields appropriate programs for handicapped children and youth. In order to provide appropriate programs for all children in a least restrictive setting, programs must be developed based on their educational needs and not the eligibility criteria they meet. This suggests that children and youth eligible under different programs (MR, LD, orthopedically handicapped, etc.) can be given services within the same or similar settings and, to the extent appropriate, in regular classrooms.

Forest Hertlein
Alaska Service Coordinator

Northwest Regional Resource Center
Eugene, Oregon

The information is provided in two volumes:

Volume I: Procedures and Forms
Volume II: Support Packages

How to Use Volume I: Procedures and Forms

The purpose of the procedures is to suggest a process a district might use in systematically implementing a special education program. A district might use Volume I as a working document from which to develop and establish procedures appropriate to the district's unique needs.

The procedures are displayed in columns entitled Steps, and Guidelines/Comments.

STEP: The procedural, well sequenced stages a district might follow in initial identification, referral, assessment, IEP development, annual review, and reevaluation.

GUIDELINES/COMMENTS: This refers the user to Volume II: Support Packages. Comments have also been made when it seemed important to emphasize or clarify a point.

Those procedures/steps that are required under federal and/or state law have been shaded. The unshaded procedures/steps indicate that the district has flexibility in how it insures the requirements are met.

How to Use Volume II: Support Packages

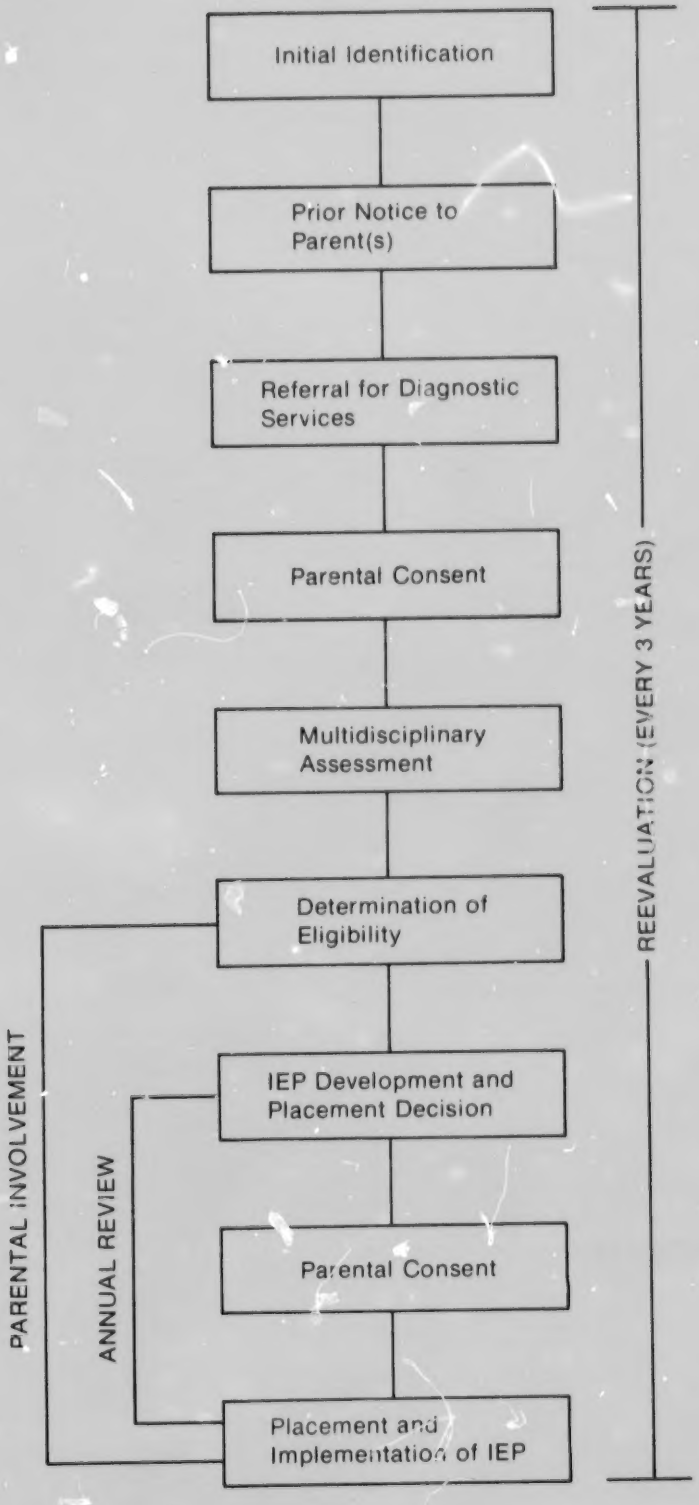
Volume I refers the users to all support packages (SPs) included in Volume II. There are four types of support packages found in Volume II:

1. Forms: These are the same forms that are found in Volume I, but in some instances contain directions for their completion.
2. Concept Papers: These include discussions of certain issues raised in the procedures or in the Law (e.g., Least Restrictive Environment), and rationales for why activities are completed (e.g., Special Considerations for Diagnostic Procedures).
3. Suggested Procedures: These provide further discussion of how a step might be implemented (e.g., Training in Use of Screening Instrument and Procedures).
4. Informational Descriptions: These are examples of procedures on techniques (e.g., Test Matrix) which might be used in implementing the steps.

It is suggested that the user become familiar with the content of Volume I before using Volume II. Volume II is a supplement to Volume I and does not indicate how the total process operates; thus, by referring to it initially, the process might become distorted and confusing to the user.

FIGURE 1

IEP PROCESS



INITIAL IDENTIFICATION

Initial identification, as defined in this set of procedures, is intended to assist the teacher in deciding whether a child should be referred for formal diagnostic testing and possible special programming. By following formalized screening procedures, the teacher will more often make appropriate decisions about which children need referral. In addition, thorough screening efforts by the teacher will assist diagnostic personnel identify the most appropriate tests to administer and maximize the efficient use of their time.

In most cases, a teacher (or other staff) will initiate screening activities only when problems arise. In other instances, students may be selected for screening on the basis of an analysis of district/building-wide testing results. A teacher, however, should be able to initiate screening activities at any time for possible referral.

Within the Initial Identification component are recommended procedures which allow local schools to review the current functioning of students and to determine if referral for additional testing is necessary. The procedures are based upon the assumption that it is the individual school's/teacher's responsibility to determine which children are not functioning adequately but not, however, to decide independently which children are eligible to receive special education services as defined by federal and state law and regulations. An attempt has been made to formalize initial identification procedures which in the past may have been informal.

It should also be noted that vision and hearing screening is recommended whenever a student is being considered for placement in any special education program. It is suggested that school nurses, public health nurses or trained aides conduct initial vision and hearing screening (see SP-2).

If after reviewing all the information from the (1) screening instrument(s), (2) review of records, and (3) parent interview, it is determined that a problem exists, there are two main courses of action: (1) to deal with the problem internally without further referral, or (2) to refer for further diagnostic assessment. Because of the variability in conditions in Alaska, these decisions may be determined by any one or combination of the following:

(a) Principal
(b) Classroom teacher
(c) Child Study Team
(d) Child Study Team chairperson
(e) Administrator in charge of local special education programs

AREA: INITIAL IDENTIFICATION	GUIDELINES/COMMENTS
STEP	
1. Determine screening instrument/procedures to be used **[*Special Education Handbook*, 1978, pp. 2.1, 2.7, 2.8]**	SP-1 Instruments to aid in Screening (Form 1 - Screening Checklist and Record Review) SP-2 Objectives of the Vision and Hearing Screening
2. Become familiar with the use of screening instrument/procedures	SP-3 Initial Identification and Referral Meeting
3. Conduct screening and review student's cumulative record using Record Review Form	SP-1
4. Conduct parent interview	SP-4 Involvement of Parents in Initial Identification
5. Summarize all screening information	This step provides an opportunity to expand upon or clarify reasons for concerns regarding student's progress
6. Decide if referral for further assessment is needed or justifiable	SP-5 Guidelines for Selecting Students Depending upon district administrative procedures, this decision may be made by any one or combination of the following person(s): a. Principal b. Classroom Teacher c. Child Study Team d. Child Study Team Chairperson e. Special Education Administrator
7. If no further referral is to be made, inform parents and identify action steps being taken.	Teacher may take action to modify existing program, request non-special education support services, refer student to non-special education program (i.e., Title I), etc.
8. If referral for additional testing is to be made, provide parent(s) with written prior notice. **NOTE: Notification to parent(s) may be combined with Step 14; Obtaining Parental Consent for Testing.** **[*Special Education Handbook*, 1978, pp. 2.12, 2.13]**	SP-6 Referral Decisions; Sample Communication for use with Parents (Form 2) According to the *Special Education Handbook*, 1978, Chapter 2, the district shall provide parents with written prior notice if the district proposes to initiate or change the identification, evaluation or educational placement of a child.
9. Maintain on file a copy of parent notice as documentation of prior notice. **a. Prior notice must be provided in the native language of the parent or other mode of communication unless it is clearly not feasible to do so.** [*Special Education Handbook*, pp. 2.13]	SP-7 Request for Interpreter/Translator (Form 3)

REFERRAL FOR DIAGNOSTIC TESTING

The *Referral* component outlines the steps which might be taken whenever a decision is reached to refer for diagnostic assessment to determine if a child is eligible to receive special education services.

At this point, the teacher or designated person should formally request diagnostic services from appropriate district staff or regional support agency. A sample request for services form is included (see Form 4). It will aid diagnostic personnel if copies of all screening and record review information are submitted with the request.

AREA: REFERRAL FOR DIAGNOSTIC SERVICES	GUIDELINES/COMMENTS
STEP	SP-8 Request for Diagnostic Services (Form 4)
10. Complete and submit request for diagnostic services (attach all information collected during screening.) (This step may require identifying external sources to complete the assessments such as Regional Resource Centers, Mental Health Centers, Child Study Center, etc.)	
11. Designated person/agency receives request for diagnostic services and processes following confidentiality procedures.	See *Special Education Handbook*, 1978, Chapter 2, "Confidentiality Section of Assurances"
12. If concern for child's progress is initiated by parents or others outside of school, complete screening steps 3-11.	According to *Special Education Handbook*, 1978, page 2.8, each district must establish procedures that allow referrals from parents, medical personnel, community agencies, legal authorities and other interested persons.

MULTIDISCIPLINARY ASSESSMENT

Within the *Assessment* component are procedures from receipt of the referral through the completion of assessment, summarizing and sharing results with parents. The manner in which the assessment is completed and reported has a significant impact on, a) determination of eligibility, and b) the quality of the child's individualized education program.

Federal and state rules and regulations require that educational evaluations be conducted by multidisciplinary teams and that no one test or type of test or other means of evaluation may be used as the sole criteria for placement in special education. Testing and evaluation materials and procedures must also be selected and administered so as to not be racially or culturally discriminatory (See SP-9). In addition, each district or cooperative district must establish at least one Child Study Team to review results of educational evaluations to determine the appropriateness of special education placement. It is the responsibility of the Child Study Team to ensure that all assessment results focus on:

1. Student's current levels of educational performance (strengths and weaknesses).
2. Determination of eligibility for special education and the type of exceptionality to be used for reporting purposes.
3. Determination of recommended annuals goals and short-term instructional objectives.

It should be noted that determination of eligibility does not determine the most appropriate educational placement for the student. The final determination of placement must be derived from a specific educational needs assessment as determined at the individualized education program (IEP) planning meeting.

AREA: MULTIDISCIPLINARY ASSESSMENT STEP	GUIDELINES/COMMENTS
13. Review screening and record review information and identify appropriate assessment instruments/procedures to: a. determine eligibility b. provide information for development of IEP	SP-9 Cultural Considerations in Formal Testing SP-10 Test Matrix
14. Obtain written parental consent for initial diagnostic testing **NOTE: District must use due process procedures to obtain a decision to allow evaluations without parental consent.** **[*Special Education Handbook*, 1978, page 2.13]**	Written parental consent must be obtained before any preplacement evaluation is initiated. If a teacher/district must refer a student to an external source for assessment it is recommended that, (a) responsibility for obtaining parental consent be clearly identified, and (b) a copy of parental permission be kept in the district. SP-11 Parent Approval for Diagnostic Testing (Form 5) SP-12 Legal Safeguards and Test Data
15. Conduct assessments and gather information [*Special Education Handbook*, 1978, pp. 2.9 and 2.10]	If a review of student's records indicate that additional information may be available from other sources (former schools, physicians, etc.), initiate procedures for authorization for exchange of confidential information.
16. Summarize assessment data according to following areas: **(1) Present levels of educational performance** **(2) Conclusions relating to eligibility for special education** **(3) Suggested annual goals and short term instructional objectives** **[*Special Education Handbook*, 1978, page 2.10]**	SP-13 Summarizing Assessment Results (Form 6)
17. Determine student's eligibility for special education and type of exceptionality to be used for reporting purposes. If more data is needed, repeat steps 10 through 16. **[*Special Education Handbook*, 1978, page 2.10]**	See *Special Education Handbook*, 1978, Chapter 7 for eligibility criteria. Determination of eligibility must be made by a team or group of persons knowledgeable about the child and the meaning of evaluation results (*Special Education Handbook*, Chapter 2, page 2.9). The teacher/district should take steps to document that determination of eligibility was a team decision. (See SP-14 Eligibility Report Form).

STEP

18. Teacher or appropriate person shares assessment and determination of eligibility results with parents. (If appropriate, arrangements for parent participation at the IEP meeting could be made at this time.)

    NOTE: Sharing assessment results with parents could occur at the same time as the IEP planning meeting, Step 21.

SP-14 Eligibility Report Form (Form 7)

If parents disagree with assessment results, they may obtain an independent evaluation at public expense. However, the district may initiate a hearing to show that its evaluation procedures were appropriate. If the district is successful in the hearing, the parents may still obtain an evaluation at their own expense and the results of that evaluation must be considered by the district in determining eligibility, placement, and developing the child's IEP.

The method of sharing assessment results and eligibility is left to the discretion of the district (i.e. meeting, telephone). However, the district or teacher should be able to document that the parent(s) was provided an opportunity to review, discuss and disagree with the assessment results.

IEP DEVELOPMENT AND SPECIAL EDUCATION PLACEMENT

Within the IEP Development and Special Education Placement component are procedures for developing the IEP and insuring the student is appropriately placed. The quality of the IEP prepared at this point is dependent on how adequately information has been collected from the time the student became a focus of concern. The procedures require that the IEP be developed prior to the decision of where the student is to be placed. The student's placement is to be based on annual goals, short term objectives and the services to be provided rather than eligibility category. An IEP must be developed and written parent consent must be obtained before a child is initially placed in a program providing special education services.

The completion of the IEP will most likely be the result of a joint effort by the Child Study Team. For each annual goal that is listed, a series of short term objectives will be prepared. While the Child Study Team has the responsibility for supervising the development of goals and objectives, the actual task of preparing them will often be done by the person or personnel responsible for providing the service relating to the annual goal. For example: A child eligible for special education services as learning disabled may have three individual goals:

1. one related to math, to be supervised by the regular classroom teacher;
2. one related to reading, to be supervised partly by the regular classroom teacher and a resource teacher;
3. and one related to speech correction to be supervised by a speech therapist.

The short term objectives related to each goal would, most likely, be developed by the respective service providers.

Documenting Present Levels of Educational Performance

The IEP requires a summary of the child's present levels of educational performance. This will include a combination of test scores and skill information; for example, if a test score is listed as 1.3 grade level in math, it should be expanded to include a listing of skill performance in such skill areas as number recognition, computation, and comprehension of math processes.

Avoid the use of judgmental labels; e.g., "appears to have a learning disability in reading," or "mild emotional disturbance is present."

Annual Goals

The annual goals should have a logical and observable relationship with assessment findings and statements of present levels of educational performance.

The goals should be general statements that will serve to identify priorities; for example, "improve word attack skills."

Annual goals should be reasonable in number - generally between three and five goals. They should be reasonable in expectations. The skills identified should have a reasonable expectation of being met in a year. Annual goals do not represent a prescription of the total yearly curriculum for the child. They should, however, represent the most important goals that will be pursued for the child for that year.

Short Term Instructional Objectives

The short term instructional objectives will serve two purposes:

1. The objectives will provide specific and unambiguous direction to the instructional program.
2. The objectives will be the key element in the monitoring and annual evaluation of the IEP.

The short term objectives should represent the specific behaviors that have to be accomplished to reach a goal.

In developing short term instructional objectives for the IEP, there are two common approaches.

1. the service provider prepares and lists objectives;
2. the service provider cross-references with existing sequences of objectives (See SP-22).

It is possible that personnel responsible for providing the services related to annuals goals (service providers) may or may not be in attendance at the meeting. If in attendance, short-term instructional objectives can be developed during the meeting. However, if service providers are not in attendance, the following point should be kept in mind: An IEP is not considered complete until both annual goals and short-term objectives are written. Also, a child cannot be placed in a special education program until the IEP is completed and parental consent is obtained.

In order to avoid delays in placing a child in special education when such a placement is appropriate, the Child Study Team should consider the following options for developing short-term objectives if service providers are not in attendance:

a. Develop conditional short-term objectives in the absence of service provider(s). If objectives are later judged inappropriate by the service provider, they may be modified with prior notice being given to parents. If a major change in annual goals is needed, it may be necessary to reconvene the Child Study Team,

or

b. While meeting is in progress and it becomes apparent that placement will involve persons not in attendance, invite providers to attend while meeting is in progress,

or

c. Obtain conditional parent consent to place their child in the program discussed with all but the IEP short-term objectives being developed. Consent should be upon the condition that short-term objectives will be developed within a given reasonable length of time (e.g. 20 school days) and will be subject to parent review. Conditional parent approval should be indicated on the IEP and retained on file.

Careful review of assessment results, however, may provide the CST with an indication of potential service providers who should be invited as participants at the IEP meeting. Use of this strategy may enable you to avoid having to resort to one of the above options.

Monitoring Student Progress

The monitoring and evaluation of a student's progress toward achieving stated IEP goals and objectives can be considered on two levels. One level deals with the evaluation of long-term progress of the student which occurs at an annual IEP review meeting. This evaluation is a process that measures the long-term effects of the IEP. The second level of evaluation focuses upon the day to day monitoring of short-term objectives. This level of evaluation is the responsibility of the classroom teacher and is critical for detecting if initial IEP goals and objectives were appropriate, if objectives are being met, and if they need to be revised.

AREA: SPECIAL EDUCATION PLACEMENT AND IEP DEVELOPMENT STEP	GUIDELINES/COMMENTS
19. Determine participants at IEP meeting	SP 15 Participants at IEP Meeting; parent Notification (Form 7)
20. Establish planning meeting date and invite participants to develop IEP [*Special Education Handbook*, 1978, p. 1.6]	Planning meeting must be conducted within 30 school days from determination of eligibility. The teacher/district should take steps to document adherence to this regulation. It is also important to document attempts to obtain parent participation at the IEP meeting (See SP-15)
21. Conduct IEP meeting and establish: Present levels of educational performance. Long term objectives (annual goals). Short term instructional objectives. Specific special education and related services to be provided. Extent of participation in regular educational programs. Projected dates for initiation and duration of services. Criteria and procedures for annual evaluation. Level of service. [*Special Education Handbook*, 1978, pp. 1.6, 2.10, 4.2]	SP-16 Model IEP Forms (Form 9) SP-17 Summarizing Current Levels of Performance SP-18 Establishing Annual Goals SP-19 Writing Short-Term Objectives If a student is placed in a private, state or regional educational program, it is the responsibility of the district to ensure development of the student's IEP and to monitor its implementation.
22. Obtain parent consent for initial placement in special education and related programs. [*Special Education Handbook*, 1978, p. 2.13]	Written parental consent is required for initial special education placement. SP-20 Prior Notice and Parent Consent for change in Education Placement (Form 10)
23. If parents disagree with proposed placement or program, they have a right to obtain a hearing after all administrative options have been followed. [*Special Education Handbook*, 1978, p. 2.12]	
24. Place student in least restrictive environment. [*Special Education Handbook*, 1978, pp. 2.5, 3.1]	SP-21 Least Restrictive Environment

AREA: SPECIAL EDUCATION PLACEMENT AND IEP DEVELOPMENT STEP	GUIDELINES/COMMENTS
25. Submit Form 05-260-24 to Office of Exceptional Children monthly for certification of enrollment and validation of foundation support reimbursement. **[*Special Education Handbook*, 1978, pp. 1.8, 4.1]**	See *Special Education Handbook*, 1978, page 4.2 for guidelines on increasing days-in-membership.
26. Teacher implements strategies and materials to help student achieve IEP objectives.	SP-22 Matching Instructional Materials with Existing Sequences of Objectives
27. Teacher monitors student progress.	SP-23 Monitoring Student Progress
28. Teacher modifies IEP as needed during year.	According to federal regulations, any changes in a child's special education program after initial placement are subject to prior notice to parents. However, a teacher is allowed to make the following changes in an IEP without prior notice to parent(s): - modifying short-term instructional objective(s) and/or criteria - Modifying annual goal(s) as long as content area of goal remains same (e.g., changing goal from decoding skills to comprehension; area of reading remains the same). Prior notice must be given to parents if: - content area of annual goal is changed (e.g., reading to social science) - change in teacher(s) and/or classroom placement - change in related services

ANNUAL REVIEW OF IEP

Within the Review component are procedures for annual IEP review and a three year diagnostic reevaluation of students enrolled in special education. According to Federal regulations, each district

> "shall initiate and conduct meetings to periodically review each child's individualized education program and if appropriate revise its provisions. A meeting must be held for this purpose at least once a year."

The scheduling of review meetings is left to the discretion of each district, as long as IEPs are in effect at the beginning of each school year. The annual review should address the following questions:

(1) *Annual Goals*
Have the annual goals been met?
If not, what goals are incomplete?
What additions, deletions, or changes need to be made to the listing of goals?

(2) *The Placement*
Is the pupil approaching a point where s/he should exit to another program? If yes, recommendations should be made regarding reevaluation and alternate placements. Regardless of progress, assessment data related to the placement has to be reviewed at least every three years.

Review of Annual Goals

The short term instructional objectives for each goal should be reviewed and a statement made relating to the goal; e.g., "goal complete," or "goal 60% complete." If a goal is incomplete, a decision should be made whether to: (1) continue, (2) modify, or (3) delete the goal. If the data (e.g. pre/post testing, criterion referenced, continuous monitoring, etc.) indicate that a child is not progressing in a goal area, *a change should be made.* This may be a change in the personnel, services, and materials, as well as the goal and related short term instructional objectives.

Based on (1) the review of the IEP, and (2) new data from parents and assessment and service staff, a revised IEP should be prepared. This IEP should be in effect at the beginning of each school year.

Reevaluation

Federal and state regulations require that a diagnostic reevaluation be conducted every three years or more frequently if conditions warrant it or if the child's parent or teacher request an evaluation. Regulations indicate that there is no need to obtain parent consent for reevaluation or changes in a student's special education program if the child was initially placed in special education according to all P.L. 94-142 requirements. Reevaluations or changes, however, are subject to the prior notice requirement which includes an explanation of procedural safeguards and a description of action proposed. The notice must also be written in such a manner to ensure that parents understand the content.

AREA: REEVALUATION STEP	GUIDELINES/COMMENTS
29. Review and revise IEPs as needed on at least an annual basis. [*Special Education Handbook*, 1978, pp. 1.6, 2.3]	Scheduling of review meetings is left to discretion of local districts as long as IEPs are in effect at beginning of each school year. Document attempts to obtain parent participation. SP-24 Parent Notification of IEP Review (Form 11)
30. Conduct diagnostic reassessment of the student at least every three years or more frequently if conditions warrant or if parent(s) or teacher request it. [*Special Education Handbook*, 1978, p. 2.9]	Reassessment does not require parent consent. However, prior notice must be given that informs parents of their rights concerning evaluation procedures. SP-25 Prior Notice Regarding Reevaluation (Form 12)
31. If student is released from special education, follow district procedures for transfer of student.	According to *Special Education Handbook*, 1978, page 1.8, any revision in a child's status shall be submitted within 30 calendar days of occurrence to Office of Exceptional Children on Form 05-260-24.
32. Review progress of student returned to full-time regular education on a frequent basis during the first six months.	SP-26 Monitoring Progress of Student Released from Special Education

FORM 1

SCREENING/RECORD REVIEW ELEMENTARY FORM

Student _____ Birthdate _____ Age _____ Sex _____ Grade _____

Teacher _____ School _____ District _____

Is the child currently receiving Special Education Services Yes ( ) No ( ) If Yes, describe _____

Teachers or other personnel are requested to mark this screening inventory for each child who, in his/her opinion, appears to be functioning inadequately because of apparent exceptional mental, emotional, or physical condition(s).

Please check the statements which you think apply to this child. If the statement does not apply, do not mark it. If a specific descriptor applies to the child, underline it. Add descriptors if necessary.

	The following problems exist		
	sometimes	often	always
COMMUNICATION PROBLEMS			
Expressive language (problems in syntax, grammar, limited vocabulary)	( )	( )	( )
Receptive language (comprehension, not following directions, poor concept development)	( )	( )	( )
Speech (poor enunciation, lisps, stutters, infantile speech, omits sounds from words, adds sound to words, substitutes sounds, unpleasant or odd voice)	( )	( )	( )
Other (describe) _____	( )	( )	( )
PHYSICAL PROBLEMS			
Physical defect (lame, paralysis, deformity)	( )	( )	( )
Erratic muscle movements	( )	( )	( )
Gross motor coordination (awkward, clumsy, poor balance)	( )	( )	( )
Fine motor coordination (eye hand, manual dexterity)	( )	( )	( )
Visual (cannot see blackboard, squints, rubs eyes, holds book too close, eyes oscillate involuntarily, cross-eyed)	( )	( )	( )
Hearing (unable to discriminate sounds, asks to have instructions repeated, turns ear to speaker, strains to hear, often has earaches)	( )	( )	( )
Not toilet trained	( )	( )	( )
Unusually small (at least 20% less than class average)	( )	( )	( )
Unusually overweight (at least 20% more than class average)	( )	( )	( )
Other (describe, e.g., epilepsy, circulatory problems, dental problems, respiratory problems)	( )	( )	( )

Date _____

To be completed by teacher, principal, or counselor after the record review has been completed.

DESCRIBE OR SUMMARIZE:

COMMUNICATION PROBLEMS

PHYSICAL PROBLEMS

RECORD REVIEW FORM

DIRECTIONS: Please complete by reviewing all existing school records, including the health card. To be completed by designated procedures.

STANDARDIZED TEST INFORMATION (Last three years)

Test Name	Date Given	Grade and Age When Tested	Standard Score	G.E.	Percentile

COLLATERAL SCHOLASTIC INFORMATION

1. Record of Retention — No ( ) Yes ( ) grades retained _____ year(s) _____
2. Record of Skipping (Skipping a Grade) — No ( ) Yes ( ) grades placed _____ year(s) _____

CURRENT SERVICE INFORMATION

1. Speech Therapy — No ( ) Yes ( ) If Yes, describe _____
2. Physical Medical Program — No ( ) Yes ( ) If Yes, describe _____
3. In Special Education — No ( ) Yes ( ) If Yes, describe _____

REVIEW OF PHYSICAL HISTORY

1. Past Medical Problems — Yes ( ) specify _____
2. Current Medical Problems — Yes ( ) specify _____
3. Past Medications Administered — Yes ( ) specify _____
4. Current Medications Administered — Yes ( ) specify _____
5. Past Physical Disabilities — Yes ( ) specify _____
6. Current Physical Disabilities — Yes ( ) specify _____
7. Past Vision Problems — Yes ( ) Current Problems: No ( ) Yes ( )
8. Past Hearing Problems — Yes ( ) Current Problems: No ( ) Yes ( )
9. Past Speech Problems — Yes ( ) Current Problems: No ( ) Yes ( )
10. Past Perceptual Problems — Yes ( ) Current Problems: No ( ) Yes ( )
11. Coordination Problems — Fine Motor Yes ( ) specify _____ Gross Motor Yes ( ) specify _____

(CONTINUED ON BACK)

CLASSROOM BEHAVIOR PROBLEMS	These problems occur in the classroom as often as 15-25%	26-50%	Over 50%
Overly energetic, talks out, out of seat	( )	( )	( )
Very quiet, uncommunicative	( )	( )	( )
Acting Out (aggressive, hostile, rebellious, destructive)	( )	( )	( )
Cries easily, explosive	( )	( )	( )
Inattentive (short attention span, doesn't stick to task, fails to complete tasks)	( )	( )	( )
Doesn't appear to notice what is happening in the immediate environment	( )	( )	( )
Poor peer relationships (few friends, rejected, ignored, abused by peers)	( )	( )	( )
Other (describe) _____			
_____	( )	( )	( )

ACADEMIC PROBLEMS	Performance is below average class level as often as 15-25%	26-50%	Over 50%
Reading			
Word attack skills	( )	( )	( )
Reverses, substitutes	( )	( )	( )
Oral reading	( )	( )	( )
Silent reading	( )	( )	( )
Comprehension	( )	( )	( )
Other _____	( )	( )	( )
Writing (illegible, reverses letters, doesn't write)	( )	( )	( )
Mathematics			
Basic computation	( )	( )	( )
Concepts	( )	( )	( )
Set Operations	( )	( )	( )
Verbal problems	( )	( )	( )
Other _____	( )	( )	( )
Spelling (cannot spell phonetically, omits or adds letters)	( )	( )	( )
Social Sciences, Sciences (doesn't handle concepts, doesn't understand relationships, poor understanding of cause and effect)	( )	( )	( )
Other (describe) _____			
_____	( )	( )	( )

Date _____ _____
(Signature of person completing form)

DESCRIBE OR SUMMARIZE:

CLASSROOM BEHAVIOR PROBLEMS

ACADEMIC PROBLEMS

To be completed by teacher, counselor or principal

Date _____

DESCRIPTION OF CURRENT PROGRAM OBJECTIVES

If no referral is being made or while the referral is being processed, what is being done by the school to remediate the problem

Nature of recommended referral

FORM 1

SCREENING/RECORD REVIEW
SECONDARY FORM

Student _____ Birthdate _____ Age _____ Sex _____ Grade _____

Teacher _____ School _____ District _____

Is the child currently receiving Special Education Services: Yes ( ) No ( ) If Yes, describe _____

Teachers or other personnel are requested to mark this screening inventory for each child who, in her/her opinion, appears to be functioning inadequately because of apparent exceptional mental, emotional, or physical condition(s).

Please check the statements which you think apply to this child. If the statement does not apply, do not mark it. If a specific descriptor applies to the child, underline it. Add descriptors if necessary.

	The following problems exist sometimes	often	always
COMMUNICATION PROBLEMS			
Expressive language (problems in syntax, grammar, limited vocabulary)	( )	( )	( )
Receptive language (comprehension, not following directions, poor concept development)	( )	( )	( )
Speech (poor enunciation, lisps, stutters, infantile speech, omits sounds from words, adds sound to words, substitutes sounds, unpleasant or odd voice)	( )	( )	( )
Other (describe) _____			
_____	( )	( )	( )
PHYSICAL PROBLEMS			
Physical defect (lame, paralysis, deformity)	( )	( )	( )
Erratic muscle movements	( )	( )	( )
Gross motor coordination (awkward, clumsy, poor balance)	( )	( )	( )
Fine motor coordination (eye-hand, manual dexterity)	( )	( )	( )
Visual (cannot see blackboard, squints, rubs eyes, holds book too close, eyes oscillate involuntarily, cross-eyed	( )	( )	( )
Hearing (unable to discriminate sounds, asks to have instructions repeated, turns ear to speaker, strains to hear, often has earaches)	( )	( )	( )
Not toilet trained	( )	( )	( )
Unusually small (at least 20% less than class average)	( )	( )	( )
Unusually overweight (at least 20% more than class average)	( )	( )	( )
Other (describe, e.g., epilepsy, circulatory problems, dental problems, respiratory problems)	( )	( )	( )

Date _____

To be completed by teacher, principal, or counselor after the record review has been completed.

DESCRIBE OR SUMMARIZE:

COMMUNICATION PROBLEMS

PHYSICAL PROBLEMS

(CONTINUED ON BACK)

CLASSROOM BEHAVIOR PROBLEMS	These problems occur in the classroom as often as: 15-25%	26-50%	Over 50%
Overly energetic, talks out, out of seat	( )	( )	( )
Very quiet, uncommunicative	( )	( )	( )
Acting Out (aggressive, hostile, rebellious, destructive)	( )	( )	( )
Cries easily, explosive	( )	( )	( )
Inattentive (short attention span, doesn't stick to task, fails to complete tasks)	( )	( )	( )
Doesn't appear to notice what is happening in the immediate environment	( )	( )	( )
Poor peer relationships (few friends, rejected, ignored, abused by peers)	( )	( )	( )
Other (describe) _____			
_____	( )	( )	( )

DESCRIBE OR SUMMARIZE:

CLASSROOM BEHAVIOR PROBLEMS

ACADEMIC PROBLEMS	Performance is below average class level as often as: 15-25%	26-50%	Over 50%
Reading			
Word attack skills	( )	( )	( )
Reverses, substitutes	( )	( )	( )
Oral reading	( )	( )	( )
Silent reading	( )	( )	( )
Comprehension	( )	( )	( )
Other _____	( )	( )	( )
Writing (illegible, reverses letters, doesn't write)	( )	( )	( )
Mathematics			
Basic computation	( )	( )	( )
Concepts	( )	( )	( )
Set Operations	( )	( )	( )
Verbal problems	( )	( )	( )
Other _____	( )	( )	( )
Spelling (cannot spell phonetically, omits or adds letters)	( )	( )	( )
Social Sciences, Sciences (doesn't handle concepts, doesn't understand relationships, poor understanding of cause and effect)	( )	( )	( )
Other (describe) _____			
_____	( )	( )	( )

ACADEMIC PROBLEMS

Date _____ _____

(Signature of person completing form)

RECORD REVIEW FORM

DIRECTIONS: Please complete by reviewing all existing school records, including the health card. To be completed by designated procedures.

STANDARDIZED TEST INFORMATION (Last three years)

Test Name	Date Given	Grade and Age When Tested	Standard Score	G.E.	Percentile

COLLATERAL SCHOLASTIC INFORMATION

1. Record of Retention — No ( ) Yes ( ), grades retained _____ year(s) _____
2. Record of Skipping (Skipping a Grade) — No ( ) Yes ( ), grades placed _____ year(s) _____

CURRENT SERVICE INFORMATION

1. Speech Therapy — No ( ) Yes ( ) If Yes, describe _____
2. Physical/Medical Program — No ( ) Yes ( ) If Yes, describe _____
3. In Special Education — No ( ) Yes ( ) If Yes, describe _____

REVIEW OF PHYSICAL HISTORY

1. Past Medical Problems: Yes ( ), specify _____
2. Current Medical Problems: Yes ( ), specify _____
3. Past Medications Administered: Yes ( ), specify _____
4. Current Medications Administered: Yes ( ), specify _____
5. Past Physical Disabilities: Yes ( ), specify _____
6. Current Physical Disabilities: Yes ( ), specify _____
7. Past Vision Problems: Yes ( ) Current Problems: No ( ) Yes ( )
8. Past Hearing Problems: Yes ( ) Current Problems: No ( ) Yes ( )
9. Past Speech Problems: Yes ( ) Current Problems: No ( ) Yes ( )
10. Past Perceptual Problems: Yes ( ) Current Problems: No ( ) Yes ( )
11. Coordination Problems: Fine Motor Yes ( ): specify _____
    Gross Motor Yes ( ): specify _____

(CONTINUED ON BACK)

DESCRIPTION OF CURRENT PROGRAM OBJECTIVES

If no referral is being made or while the referral is being processed, what is being done by the shcool to remediate the problem

REVIEWED BY _____ Principal _____ Teacher

_____ Counselor _____ School Nurse

_____ Other

MODEL FORM 2

Date: _____

Dear _____:

It has come to our attention that your child, _____, is having some problems in school. We have reviewed your child's progress and feel that we need more information to help him/her get full benefit of the school's programs. This information will help us to find out what your child's needs are and plan the most appropriate educational program.

Reasons for Concern: _____

_____

_____

_____

Attempts to Resolve Concerns: _____

_____

_____

_____

Because of the concerns listed above, we feel it is necessary to collect additional information. Qualified school personnel are now choosing tests and evaluation procedures that are appropriate for your child. Before any testing is done, we will send you a letter describing the tests to be used and asking your permission to conduct the tests. If, as a result of the tests, your child's school placement needs further consideration, you will be notified and invited to a meeting to help plan his/her educational program.

In an effort to keep you fully informed as to your rights concerning educational evaluations and placements, it is important that you be aware of and understand you have the right to:

1. review all records related to your child's referral for evaluation,
2. review all procedures and instruments to be used in the evaluation,
3. refuse to permit evauation(s) or a change in your child's educational placement,
4. be fully informed of the results of evaluation,
5. obtain an independent evaluation for your child from a public or private agency
6. request an impartial due process hearing, and
7. permit or deny disclosure of your child's school records to anyone other than school personnel.

If you have any questions at all about your child's progress or any part of this letter, please call me at _____ (phone) and we will arrange a parent conference.

Sincerely,

NOTICE TO PARENTS

Explanation of Procedural Safeguards and Due Process

The following is an explanation of your rights according to federal and state rules and regulations. The intent of the rules and regulations is to keep you fully informed concerning decisions about your child and to inform you of your rights if you disagree with any of those decisions.

1. *Right to review all school records.*
   You have the right to see and examine all school records related to your child. The district will supply you, upon request, a list of the types and location of education records collected, maintained or used by the district. If you feel that certain records are inaccurate or misleading, you have the right to ask that they be removed from your child's file. Copies of any material pertaining to your child will be available to you, upon request, at reasonable cost.

2. *Right to review evaluation tests and procedures.*
   You have the right to examine all tests and procedures that will be used to determine if your child is in need of special education services and what his/her educational needs are.

3. *Right to refuse to permit evaluation(s) or a change in your child's educational placement.*
   You have the right to withhold permission for your child's educational placement to be changed or to be tested.

4. *Right to be informed of the results of evaluation(s).*
   You have the right to have the results of all testing with your child explained to you.

5. *Right to obtain an independent evaluation.*
   If you do not feel the school's evaluation is fair or accurate, you may request an educational evaluation from an agency or professional outside the school at public expense. However, the school may request a hearing if its evaluation is challenged. If the hearing rules in favor of the school, the school does not have to pay for the independent evaluation.

6. *Right to request an impartial due process hearing.*
   If you do not agree with the school's actions at any point concerning the identification, evaluation or placement of your child you have the right to request an impartial due process hearing. If you request a hearing:

   a. the district shall inform you of any free or low cost legal or other relevant services available so that you may be represented at the hearing by trained counsel,

   b. the appointed hearing officer may not be an employee of the district or have any professional or personal interest which would conflict with the fairness or the hearing,

   c. the hearing will be closed unless you or the district requests an open hearing,

   d. the district will notify you at least 10 days before the hearing as to the time, place and location,

   e. you have the right to not allow the presentation of any evidence or information that you were not told about at least 5 days before the hearing,

   f. your child may be present at the hearing if you desire,

   g. your child will remain in his/her current educational placement during pending of any administrative or judicial proceedings, or, if applying for initial admission to public school, the child will be placed in school with your consent except if conduct by the child constitutes imminent danger to the health and safety of the child and others,

   h. either you or the district have the right to appeal a hearing decision with the Department of Education.

7. *Right to give consent or deny access to your child's educational records.*
   Parental consent must be obtained before personally identifiable information is, (a) disclosed to anyone other than educational personnel, or (b) used for any purpose other than that for which it was collected. It is the district's responsibility to notify you when either condition (a) or (b) occurs. The district maintains a list of those employees within the district who are authorized to have access to personally identifiable information.

   In addition, the district will notify you when personally identifiable information is no longer needed to provide educational services to your child. *You have the right to request the destruction of this information.*

MODEL FORM 3

REQUEST FOR INTERPRETER/TRANSLATOR

PURPOSE: All communication with parents of children referred for service or receiving service should be conducted in the primary language of the home. If it is determined that the language is other than English and that an interpreter/translator is needed to facilitate communications between school personnel and the parents and/or the child, then this form should be completed and submitted to the appropriate person or agency. A copy should be maintained on file.

1. CHILD'S NAME: _____

   PARENT'S NAME: _____

   ADDRESS: _____
   Number Street

   _____
   City State Zip Code

2. The preferred language of the home is _____

3. An interpreter/translator will be needed for the following:

   - ☐ Prior Notice
   - ☐ Consent for evaluation
   - ☐ Parent/Teacher Conference
   - ☐ Development of IEP
   - ☐ Annual Review of IEP
   - ☐ Review of Records
   - ☐ Hearing Procedures

4. An interpreter/translator is needed on the following date(s):

   _____

   _____

   _____

   _____

5. Person(s) initiating request:

   _____

   _____

   _____

MODEL FORM 4

REQUEST FOR DIAGNOSTIC SERVICES

Referring District _____ Date _____

Child's Name _____ Date of Birth _____

School _____ Grade _____ Teacher _____

Description of reason for referral: _____

_____

_____

The following screening information is attached: _____

_____

The following is requested:

- ☐ Academic Testing
- ☐ Physical Examination
- ☐ Physical Education Assessment
- ☐ Vocational Assessment
- ☐ Behavioral Assessment
- ☐ Psychological Assessment
- ☐ Other (specify) _____

_____

Status of Child:

- ☐ Not receiving educational services.
- ☐ Receiving educational services, but may need special education services.
- ☐ Receiving special education, but needs additional and/or different special education services.

Parent was informed about this referral? ☐ Yes ☐ No

_____
Signature of Principal or referring teacher

_____
School or agency

PARENT CONSENT FOR DIAGNOSTIC TESTING: MODEL FORM 5

Date _____

Dear _____:

In a letter on _____ (date), we mentioned our concern over _____ (child's full name) progress in school and the need to gather further information. We must receive your written consent before any further testing or evaluation can be done with your child. So that you will be aware of the areas the school will be looking at and the intended tests/procedures to be used, they are listed here:

Communication:

Physical:

Behavior:

Academic:

Other:

As mentioned before, you have certain rights according to state and federal regulations. They are repeated here:

1. You have the right to review all records related to the referral.
2. You have a right to review the instruments (tests) used to evaluate your child.
3. You have the right to refuse to permit the evaluation or a change in your child's educational placement.
4. You have the right to be fully informed of the results of the evaluation.
5. If you disagree with the results, you have the right to get an outside evaluation at public expense.
6. You have the right to request an impartial due process hearing.
7. You have the right to give consent or deny access to your child's educational records.

A full explanation of your rights is attached for you to read and keep.

Your cooperation is appreciated in signing and returning as soon as possible the following:

I have been informed of the referral of my child, _____ (name), for individual testing or other evaluation procedures indicated above. I have received a copy of "Explanation of Procedural Safeguards and Due Process" and understand my rights.

☐ Permission is given to conduct the evaluation as described.

☐ Request conference to discuss the referral of my child and/or explain my rights as outlined on the attached notice.

_____
Parent's Signature

_____
Date

PLEASE READ AND KEEP THE ATTACHED PAGES. RETURN THIS PAGE TO THE SCHOOL DISTRICT.

FORM 6

Use as many forms as necessary to summarize relevant results

INDIVIDUAL ASSESSMENT RESULTS
(This does not represent the child's IEP)

Child's Name _____ Birthdate _____

School _____

Test Given	N	CR	Results - give scores if normed referenced

AREA: _____

Current Level of Educational Functioning (Strengths and Weaknesses)

Recommended Annual Goals	Recommended Short Term Objectives
Recommended Strategies/Materials	

Recommended Least Restrictive Placement (Describe the services it is recommended the child receive)

(CONTINUED ON BACK)

AREA: _____

Current Level of Educational Functioning (Strengths and Weaknesses)

Recommended Long Term Objectives

Recommended Short Term Objectives

Recommended Strategies/Materials

Recommended Least Restrictive Placement (Describe the services it is recommended the child receive)

AREA: _____

Current Level of Educational Functioning (Strengths and Weaknesses)

Recommended Long Term Objectives

Recommended Short Term Objectives

Recommended Strategies/Materials

Recommended Least Restrictive Placement (Describe the services it is recommended the child receive)

ELIGIBILITY REPORT FORM 7

Child's Name _____ Birthdate _____

Code Number _____ School _____

As a result of the following assessments, the child ☐ is/ ☐ is not eligible to receive special education under the category of _____

Criteria for Eligibility	Evaluations	Evaluator	Date

Signed _____ Team Members _____

Title _____ _____

Date _____ _____

The information on this form was shared with the parents on _____
date

by _____.

☐ The parents accepted the results of the testing.

☐ The parents disagreed with the assessment results. Explain action. _____

_____

_____

☐ It was explained that parents will receive an invitation to attend a meeting to develop an individualized education program for their child.

PARENT NOTIFICATION OF IEP MEETING AND PRIOR NOTICE: MODEL FORM 8

Date _____

Dear _____:

As you know, we have been completing an educational assessment of your child, _____ _____ (child's full name). We would like to meet with you to share information from the completed assessments. At this meeting, you will have the opportunity to assist in the development of educational objectives along with the other team members. The results of this meeting will be the development of the most appropriate educational program for your child.

The meeting will be on _____ (date) at _____ (time) in _____ (location). If you are unable to attend, please contact us at _____ (phone number) as soon as possible in order to plan a time which is mutually convenient.

It is possible that as a result of this meeting your child's educational placement may change. No change, however, will be authorized without your permission. In order to keep you fully informed and involved concerning decisions about your child, federal and state rules and regulations require that parents be informed of the following:

1. You have the right to review all school records.
2. You have the right to review all test and evaluation procedures.
3. You have the right to refuse to permit evaluations or changes in your child's educational placement.
4. You have the right to be fully informed of the results of evaluations with your child.
5. You have the right to obtain an independent evaluation at public expense.
6. You have the right to request an impartial due process hearing.
7. You have the right to give prior consent or deny the disclosure of your child's school records to anyone other than education personnel.

Sincerely,

_____
(name)

_____
(title)

INDIVIDUALIZED EDUCATIONAL PROGRAM (IEP)
FORM 9

_____Initial

_____Review

_____Reevaluation

Definition of Individualized Education Program (IEP)	IEP Time Period	Student Information
A written statement of present levels of educational performance, annual goals and objectives, specific educational related services and the extent to which the child will participate in regular education. There must be a projected date for initiation and completion of services measurable objectives.	FROM ___/___/___ TO ___/___/___ REVIEW ___/___/___ SCHOOL _____ _____	STUDENT: _____ BIRTHDATE: _____ Date: _____ Grade Level: _____ Teacher: _____

CURRENT LEVEL OF STUDENT PERFORMANCE

STRENGTHS	WEAKNESSES

BASED ON EVALUATION/REEVALUATION, STUDENT IS RECOMMENDED FOR THE FOLLOWING PLACEMENT:

Type of classroom placement (i.e., regular, resource room, self-contained, etc.):

NUMBER OF HOURS IN REGULAR PROGRAM _____

LEVEL OF SERVICE: 1 2 3 4 TYPE OF EXCEPTIONALITY: 1 2 3 4 5 6 7 8 9

TYPE OF PHYSICAL EDUCATION PROGRAM: _____regular _____special

SPECIALLY DESIGNED VOCATIONAL EDUCATION _____NO _____YES

DESCRIBE: _____

(CONTINUED ON BACK)

INDIVIDUALIZED EDUCATIONAL PROGRAM (IEP)

FORM 9

Reevaluation of Total Service Plan

Continuation Sheet Page 2

Goals and Objectives	Dates	Status	Persons Responsible
Annual Goal: _____ _____ Short Term Objective: _____ _____ _____	Begin Date ___/___/___ Completion Date ___/___/___ Review Date ___/___/___	Met _____ Not Met _____ Continue _____ Revise _____	_____ _____ _____ _____
Annual Goal: _____ _____ Short Term Objective: _____ _____ _____	Begin Date ___/___/___ Completion Date ___/___/___ Review Date ___/___/___	Met _____ Not Met _____ Continue _____ Revise _____	_____ _____ _____ _____
Annual Goal: _____ _____ Short Term Objective: _____ _____ _____	Begin Date ___/___/___ Completion Date ___/___/___ Review Date ___/___/___	Met _____ Not Met _____ Continue _____ Revise _____	_____ _____ _____ _____
Annual Goal: _____ _____ Short Term Objective: _____ _____ _____	Begin Date ___/___/___ Completion Date ___/___/___ Review Date ___/___/___	Met _____ Not Met _____ Continue _____ Revise _____	_____ _____ _____ _____

INDIVIDUALIZED EDUCATIONAL PROGRAM (IEP)
FORM 9

Reevaluation of Total Service Plan — Continuation Sheet —

SPECIAL INSTRUCTIONAL MEDIA AND MATERIALS NEEDED (Optional; Not Required to be Stated)

List Special Media and Materials (i.e., orthopedic equipment, instructional aides, etc.)

SUPPORT SERVICES NEEDED

List Support Services Needed (i.e., OT, PT, CDS, Psychologist, Resource Room Teacher)	No. of Hours Per Wk.	Start Date	End Date
Transportation:			

PERSONS ATTENDING IEP MEETING

Name:	Position:	Name:	Position:

INFORMED PARENT CONSENT

I have had the opportunity to participate in the development of this individualized educational program for my child. I have had my rights and responsibilities explained to me in my primary language. I understand that I have the right to request a copy of my child's individualized educational program if I so desire. I approve of the placement of my child as described.

PARENT(S) SIGNATURE _____ Date: _____

PRIOR NOTICE AND PARENT CONSENT FOR CHANGE IN EDUCATIONAL PLACEMENT: MODEL FORM 10

Dear _____ : Date sent _____

Date received _____

We are sorry you were unable to attend a planning meeting concerning your child, _____ _____. At this meeting a team of persons developed an individual educational program ('EP) so that your child will receive the most appropriate services in school. A copy of your child's educational program (IEP) is attached for you to read and keep.

As you will note on the 'EP, there HAS HAS NOT (circle one) been a change in your child's educational placement. Because of your child's needs, it was determined that the following classrooms and/or service(s) will provide the instruction described on the IEP:

_____

_____

_____

Before we can begin the above program, we must have your written permission. Please read, sign and return this page as soon as possible.

I have received a copy of my child's individualized education program and a description of the intended placement. I understand my rights explained in "Explanation of Procedural Safeguards and Due Process" sent to me at an earlier date.

☐ I approve of the placement of my child _____ as described in his/her IEP.

☐ I request a parent conference concerning my child's placement.

_____
PARENT SIGNATURE

_____
DATE OF APPROVAL

If you have any questions or concerns, please telephone me at _____.

_____
NAME

_____
ADDRESS

PLEASE KEEP THE ATTACHED PAGES. SIGN AND RETURN THIS PAGE AS SOON AS POSSIBLE.

PARENT NOTIFICATION OF IEP ANNUAL REVIEW AND PRIOR NOTICE: MODEL FORM 11

Target Audience: Parent(s) of students enrolled in special education whose IEP is scheduled for annual review.

Date _____

Dear _____:

When _____'s (child's full name) individualized education program was developed we informed you that a review of his/her program would occur on or about _____.

The review will take place on _____ (date) at _____ (time)

at _____ (location).

We would like you to participate in this review. If the scheduled time is not convenient, please contact me at _____ (phone #) so that we may rearrange it.

It is possible that as a result of this meeting your child's educational placement may change. Therefore, state and federal rules and regulations require that you be kept fully informed of the following:

1. You have the right to review all school records.
2. You have the right to review all test and evaluation procedures.
3. You have the right to refuse to permit evaluations or changes in your child's educational placement.
4. You have the right to be fully informed of the results of evaluations with your child.
5. You have the right to obtain an independent evaluation at public expense.
6. You have the right to request an impartial due process hearing.
7. You have the right to give prior consent or deny the disclosure of your child's school records to other than education personnel.

Sincerely,

_____
Name

_____
Title

PRIOR NOTICE REGARDING REEVALUATION AND NOTIFICATION OF IEP MEETING: MODEL FORM 12

Date_____

Dear_____:

According to school policy, we are planning to conduct an educational reevaluation of your child, _____. Before conducting the reevaluation, state and federal regulations require that we inform you of the following. You have the right to:

1. review all records related to your child's referral for evaluation,
2. review all procedures and instruments to be used in the evaluation,
3. refuse to permit evaluation(s) or a change in your child's educational placement,
4. be fully informed of the results of evaluation,
5. obtain an independent evaluation for your child from a public or private agency,
6. request an impartial due process hearing, and
7. permit or deny disclosure of your child's school records to anyone other than school personnel.

We would like to meet with you to share the results of the reevaluation. At this meeting you will have the opportunity to assist in deciding the most appropriate educational program for your child.

The meeting will be on _____ (date) at _____ (time) in _____ (location)

If you are unable or do not wish to attend this meeting, please contact me at_____ .

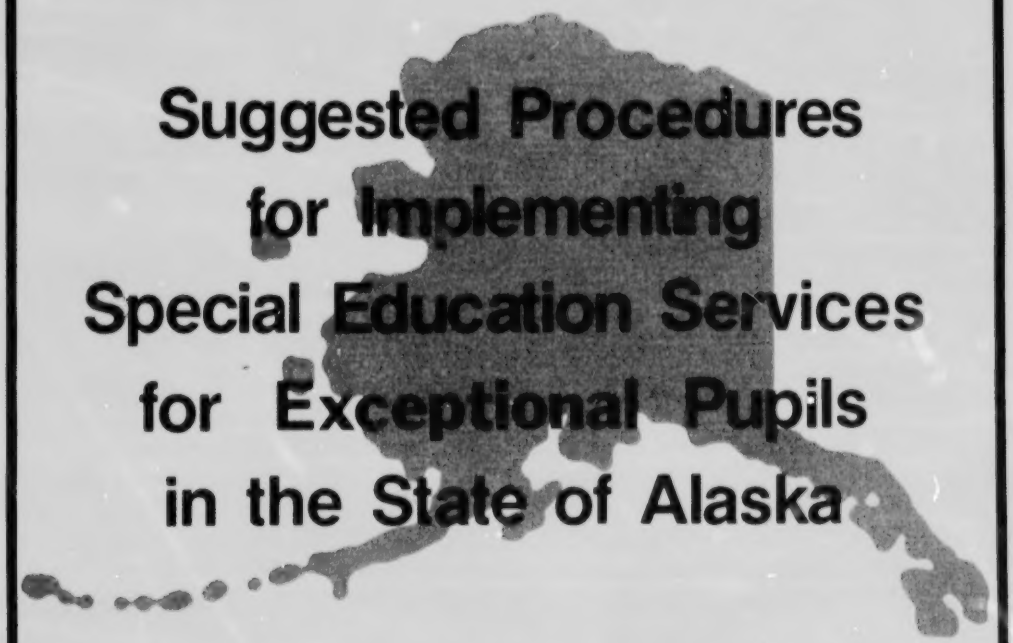
Sincerely,

_____
NAME

_____
TITLE

PROCEDURE MANUAL

Suggested Procedures for Implementing Special Education Services for Exceptional Pupils in the State of Alaska



PROCEDURES MANUAL: VOLUME II

State of Alaska 1978

EC 13168

PROCEDURES MANUAL: VOLUME II

Suggested Procedures for Implementing the Individualized Education Program Process for Handicapped Pupils in the State of Alaska

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This document was developed with the assistance of the Northwest Regional Resource Center, Eugene, Oregon, pursuant to Contract No. OEC-300-78-0020 with the Department of Health, Educat[illegible] and Welfare, Bureau of Education for the H[illegible]apped. However, the opinions expressed he[illegible] do not necessarily reflect the position or policy of the U.S. Office of Education and no endorsement by the U.S. Office of Education should be inferred.

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FOREWORD AND ACKNOWLEDGEMENTS

These recommended guidelines for implementing state and federal rules and regulations into local practice are the product of much discussion and input from a variety of professionals throughout Alaska. The materials represent an analysis of the most current information available prior to printing. It is emphasized, however, that new developments and interpretations of state and federal laws may occur. The materials and guidelines will be revised in light of such changes.

We would like to express our appreciation to the many persons throughout Alaska who provided suggestions and modifications for the manuals and to the Northwest Regional Resource Center, Eugene, Oregon, which facilitated the development and completion of the project.

Department of Education
Office for Exceptional Children

INTRODUCTION

The recommended procedures and support materials included in these volumes have been prepared to assist teachers and school districts in Alaska in complying with the Special Education programming requirements of United States Public Law 94-142 and the various Alaska statutes and rules. The procedures reflect final Federal Regulations as printed in the Federal Register, August 23, 1977 and the Alaska Special Education Handbook, 1977.

It is important to note that this or any other set of procedures cannot be implemented in a school district without adapting them to the local environment and conditions. Those steps in Volume I which are required by law have been shaded. The other steps represent process and best practice. These suggested and required steps may be useful to districts in documenting their procedures in order to receive funds through 94-142 or the state handicapped program.

These materials have been developed based on the activity flow represented by Figure 1 which results in an individualized education program (IEP) for each handicapped child. The sequence represented in Figure I is required. Eligibility must be determined and an IEP developed before a child is placed in the appropriate program. It is hoped that by following a set of procedures, a district will be able to go beyond mere "paper" compliance with regulations and provide quality programs for children.

These materials are based on the assumption that the IEP requirement of P.L. 94-142 is best represented as a process (See Figure 1) which yields appropriate programs for handicapped children and youth. In order to provide appropriate programs for all children in a least restrictive setting, programs must be developed based on their educational needs and not the eligibility criteria they meet. This suggests that children and youth eligible under different programs (MR, LD, orthopedically handicapped, etc.) can be given services within the same or similar settings and, to the extent appropriate, in regular classrooms.

Forest Hertlein, Ph.D.
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USER'S GUIDE

The information is provided in two volumes:

Volume I: Procedures and Forms
Volume II: Support Packages

How to Use Volume I: Procedures and Forms

The purpose of the procedures is to suggest a process a district might use in systematically implementing a special education program. A district might use Volume I as a working document from which to develop and establish procedures appropriate to the district's unique needs.

The procedures are displayed in columns entitled Steps, and Guidelines/Comments.

STEP: The procedural, well sequenced stages a district might follow in initial identification, referral, assessment, IEP development, annual review, and reevaluation.

GUIDELINES/COMMENTS: This refers the user to Volume II: Support Packages. Comments have also been made when it seemed important to emphasize or clarify a point.

Those procedures/steps that are required under federal and/or state law have been shaded. The unshaded procedures/steps indicate that the district has flexibility in how it insures the requirements are met.

How to Use Volume II: Support Packages

Volume I refers the users to all support packages (SPs) included in Volume II. There are four types of support packages found in Volume II:

1. Forms: These are the same forms that are found in Volume I, but in some instances contain directions for their completion.

2. Concept Papers: These include discussions of certain issues raised in the procedures or in the Law (e.g., Least Restrictive Environment), and rationales for why activities are completed (e.g., Special Considerations for Diagnostic Procedures).

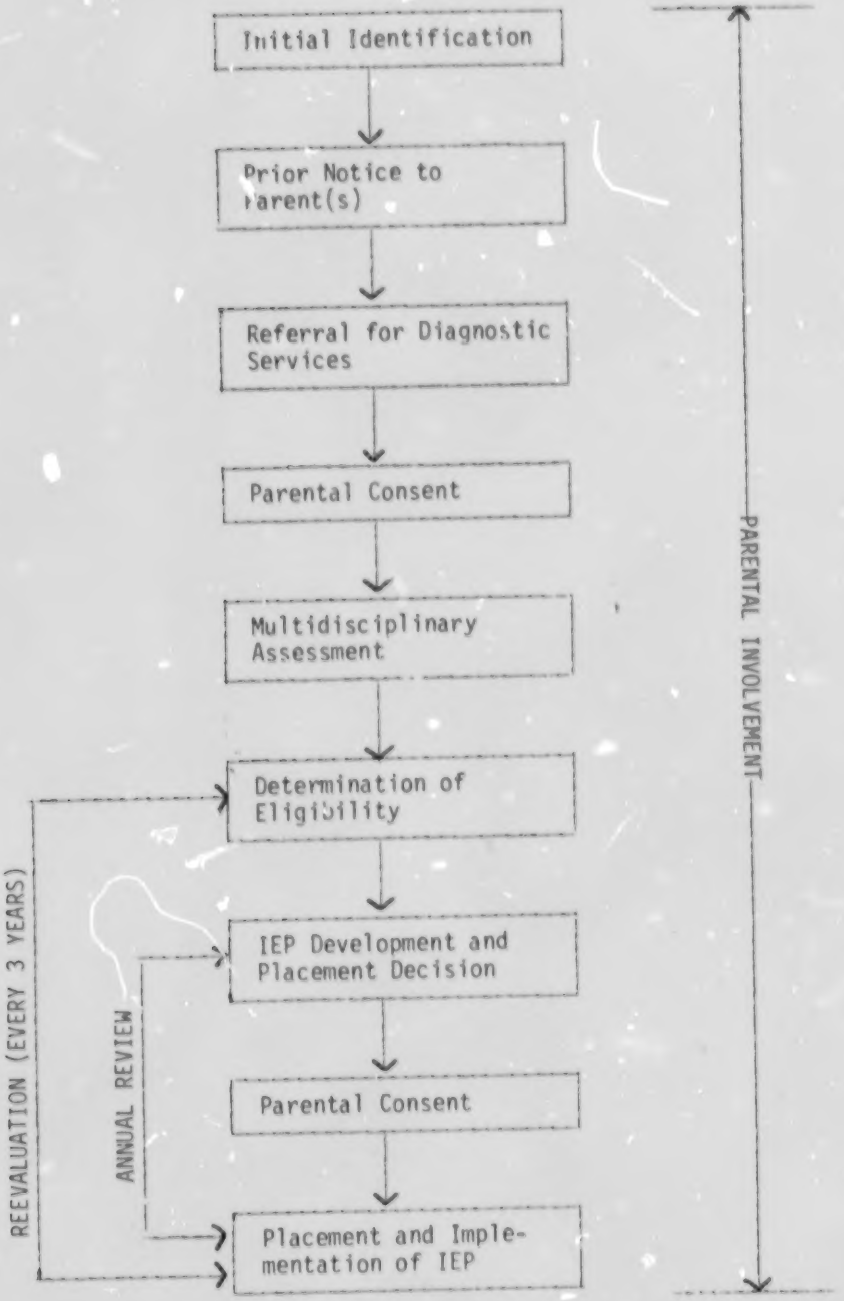
3. Suggested Procedures: These provide further discussion of how a step might be implemented (e.g., Training in Use of Screening Instrument and Procedures).

4. Informational Descriptions: These are examples of procedures on techniques (e.g., Test Matrix) which might be used in implementing the steps.

It is suggested that the user become familiar with the content of Volume I before using Volume II. Volume II is a supplement to Volume I and does not indicate how the total process operates; thus, by referring to it initially, the process might become distorted and confusing to the user.

FIGURE 1

IEP PROCESS



SP-1

INSTRUMENTS TO AID IN SCREENING

Model Form 1

54-A

Instruments to Aid in Screening

There are two common approaches to screening instruments. A checklist instrument and a problem description instrument.

Identification Via a Checklist

An example of a Screening Checklist and Record Review Form is given on pages 11 through 16. There are both elementary and secondary versions. It is important to ensure that someone completes the Record Review section.

If it is determined that a meeting is to be held with parents, the Form can be completed prior to the parent meeting and used to guide the discussion.

Identification Via a Problem Description Form

The Problem Description Form (following the Screening Checklist and Record Review Forms) is an example of an approach to identification. The teacher describes the problem briefly and then lists goals that would facilitate the maintenance of the child in the regular classroom.

The regular classroom teacher may often have the primary responsibility for a mildly handicapped child. This will be the case where resource room services are provided. In such cases, it is important that the child's problems be translated into goals and services, e.g., if the child has a reading problem, the teacher should indicate the level of reading skill necessary to participate with peers. The goals and services may be expressed in the following ways:

(1) as skills to be gained (as in language and math, e.g., improve word attack skills);

(2) as the reduction of inappropriate behaviors (e.g., behavior that represents a physical threat to the pupil or others);

(3) as additional services (e.g., the support services of a teacher of the visually handicapped);

(4) as the supplying of prosthetic devices (e.g., specialized equipment for a physically handicapped child).

FORM 1

SCREENING/RECORD REVIEW ELEMENTARY FORM

Student _____ Birthdate _____ Age _____ Sex _____ Grade _____

Teacher _____ School _____ District _____

Is the child currently receiving Special Education Services Yes ( ) No ( ) If Yes describe _____

Teachers or other personnel are requested to mark this screening inventory for each child who, in his/her opinion, appears to be functioning inadequately because of apparent exceptional mental, emotional, or physical condition(s).

Please check the statements which you think apply to this child. If the statement does not apply, do not mark it. If a specific descriptor applies to the child, underline it. Add descriptors if necessary.

	The following problems exist: sometimes	often	always
COMMUNICATION PROBLEMS			
Expressive language (problems in syntax, grammar, limited vocabulary)	( )	( )	( )
Receptive language (comprehension, not following directions, poor concept development)	( )	( )	( )
Speech (poor enunciation, lisps, stutters, infantile speech, omits sounds from words, adds sound to words, substitutes sounds, unpleasant or odd voice)	( )	( )	( )
Other (describe) _____	( )	( )	( )
PHYSICAL PROBLEMS			
Physical defect (lame, paralysis, deformity)	( )	( )	( )
Erratic muscle movements	( )	( )	( )
Gross motor coordination (awkward, clumsy, poor balance)	( )	( )	( )
Fine motor coordination (eye-hand, manual dexterity)	( )	( )	( )
Visual (cannot see blackboard, squints, rubs eyes, holds book too close, eyes oscillate involuntarily, cross-eyed	( )	( )	( )
Hearing (unable to discriminate sounds, asks to have instructions repeated, turns ear to speaker, strains to hear, often has earaches)	( )	( )	( )
Not toilet trained	( )	( )	( )
Unusually small (at least 20% less than class average)	( )	( )	( )
Unusually overweight (at least 20% more than class average)	( )	( )	( )
Other (describe e.g. epilepsy, circulatory problems, dental problems, respiratory problems)	( )	( )	( )

Date _____

To be completed by teacher, principal, or counselor after the record review has been completed.

DESCRIBE OR SUMMARIZE:

COMMUNICATION PROBLEMS

PHYSICAL PROBLEMS

-11-

RECORD REVIEW FORM

DIRECTIONS: Please complete by reviewing all existing school records, including the health card. To be completed by designated procedures.

STANDARDIZED TEST INFORMATION (Last three years)

Test Name	Date Given	Grade and Age When Tested	Standard Score	G.E.	Percentile

COLLATERAL SCHOLASTIC INFORMATION

1 Record of Retention — No ( ) Yes ( ) grades retained _____ year(s) _____

2 Record of Skipping (Skipping a Grade) — No ( ) Yes ( ) grades placed _____ year(s) _____

CURRENT SERVICE INFORMATION

1 Speech Therapy — No ( ) Yes ( ) If Yes, describe _____

2 Physical Medical Program — No ( ) Yes ( ) If Yes, describe _____

3 In Special Education — No ( ) Yes ( ) If Yes, describe _____

REVIEW OF PHYSICAL HISTORY

1 Past Medical Problems — Yes ( ) specify _____

2 Current Medical Problems — Yes ( ) specify _____

3 Past Medications Administered — Yes ( ) specify _____

4 Current Medications Administered — Yes ( ) specify _____

5 Past Physical Disabilities — Yes ( ) specify _____

6 Current Physical Disabilities — Yes ( ) specify _____

7 Past Vision Problems — Yes ( ) Current Problems: No ( ) Yes ( )

8 Past Hearing Problems — Yes ( ) Current Problems: No ( ) Yes ( )

9 Past Speech Problems — Yes ( ) Current Problems: No ( ) Yes ( )

10 Past Perceptual Problems — Yes ( ) Current Problems: No ( ) Yes ( )

11 Coordination Problems — Fine Motor Yes ( ) specify _____

Gross Motor Yes ( ) specify _____

(CONTINUED ON BACK)

CLASSROOM BEHAVIOR PROBLEMS	These problems occur in the classroom as often as 15-25%	26-50%	Over 50%
Overly energetic, talks out, out of seat	( )	( )	( )
Very quiet, uncommunicative	( )	( )	( )
Acting Out (aggressive, hostile, rebellious, destructive)	( )	( )	( )
Cries easily, explosive	( )	( )	( )
Inattentive (short attention span, doesn't stick to task, fails to complete tasks)	( )	( )	( )
Doesn't appear to notice what is happening in the immediate environment	( )	( )	( )
Poor peer relationships (few friends, rejected, ignored, abused by peers)	( )	( )	( )
Other (describe) _____	( )	( )	( )
_____	( )	( )	( )

ACADEMIC PROBLEMS	Performance is below average class level as often as 15-25%	26-50%	Over 50%
Reading			
Word attack skills	( )	( )	( )
Reverses, substitutes	( )	( )	( )
Oral reading	( )	( )	( )
Silent reading	( )	( )	( )
Comprehension	( )	( )	( )
Other _____	( )	( )	( )
Writing (illegible, reverses letters, doesn't write)	( )	( )	( )
Mathematics			
Basic computation	( )	( )	( )
Concepts	( )	( )	( )
Set Operations	( )	( )	( )
Verbal problems	( )	( )	( )
Other _____	( )	( )	( )
Spelling (cannot spell phonetically, omits or adds letters)	( )	( )	( )
Social Sciences, Sciences (doesn't handle concepts, doesn't understand relationships, poor understanding of cause and effect)	( )	( )	( )
Other (describe) _____			
_____	( )	( )	( )

Date _____ _____

(Signature of person completing form)

DESCRIBE OR SUMMARIZE:

CLASSROOM BEHAVIOR PROBLEMS

ACADEMIC PROBLEMS

To be completed by teacher, counselor or principal

Date _____

DESCRIPTION OF CURRENT PROGRAM OBJECTIVES

If no referral is being made or while the referral is being processed, what is being done by the school to remediate the problem

Nature of recommended referral

FORM 1

SCREENING/RECORD REVIEW SECONDARY FORM

Student _____ Birthdate _____ Age _____ Sex _____ Grade _____

Teacher _____ School _____ District _____

Is the child currently receiving Special Education Services Yes ( ) No ( ) If Yes, describe _____

Teachers or other personnel are requested to mark this screening inventory for each child who, in her/her opinion, appears to be functioning inadequately because of apparent exceptional mental, emotional, or physical condition(s).

Please check the statements which you think apply to this child. If the statement does not apply, do not mark it. If a specific descriptor applies to the child, underline it. Add descriptors if necessary.

	The following problems exist sometimes	often	always
COMMUNICATION PROBLEMS			
Expressive language (problems in syntax, grammar, limited vocabulary)	( )	( )	( )
Receptive language (comprehension; not following directions, poor concept development)	( )	( )	( )
Speech (poor enunciation, lisps, stutters, infantile speech, omits sounds from words, adds sound to words, substitutes sounds, unpleasant or odd voice)	( )	( )	( )
Other (describe) _____			
_____	( )	( )	( )
PHYSICAL PROBLEMS			
Physical defect (lame, paralysis, deformity)	( )	( )	( )
Erratic muscle movements	( )	( )	( )
Gross motor coordination (awkward, clumsy, poor balance)	( )	( )	( )
Fine motor coordination (eye-hand, manual dexterity)	( )	( )	( )
Visual (cannot see blackboard, squints, rubs eyes, holds book too close, eyes oscillate involuntarily, cross-eyed	( )	( )	( )
Hearing (unable to discriminate sounds, asks to have instructions repeated, turns ear to speaker, strains to hear, often has earaches)	( )	( )	( )
Not toilet trained	( )	( )	( )
Unusually small (at least 20% less than class average)	( )	( )	( )
Unusually overweight (at least 20% more than class average)	( )	( )	( )
Other (describe, e.g., epilepsy, circulatory problems, dental problems, respiratory problems)	( )	( )	( )

Date _____

To be completed by teacher, principal, or counselor after the record review has been completed.

DESCRIBE OR SUMMARIZE:

COMMUNICATION PROBLEMS

PHYSICAL PROBLEMS

(CONTINUED ON BACK)

CLASSROOM BEHAVIOR PROBLEMS	These problems occur in the classroom as often as 15-25%	26-50%	Over 50%
Overly energetic, talks out, out of seat	( )	( )	( )
Very quiet, uncommunicative	( )	( )	( )
Acting Out (aggressive, hostile, rebellious, destructive)	( )	( )	( )
Cries easily, explosive	( )	( )	( )
Inattentive (short attention span, doesn't stick to task, fails to complete tasks)	( )	( )	( )
Doesn't appear to notice what is happening in the immediate environment	( )	( )	( )
Poor peer relationships (few friends, rejected, ignored, abused by peers)	( )	( )	( )
Other (describe) _____			
_____	( )	( )	( )

DESCRIBE OR SUMMARIZE:

CLASSROOM BEHAVIOR PROBLEMS

ACADEMIC PROBLEMS	Performance is below average class level as often as: 15-25%	26-50%	Over 50%
Reading			
Word attack skills	( )	( )	( )
Reverses, substitutes	( )	( )	( )
Oral reading	( )	( )	( )
Silent reading	( )	( )	( )
Comprehension	( )	( )	( )
Other _____	( )	( )	( )
Writing (illegible, reverses letters, doesn't write)	( )	( )	( )
Mathematics			
Basic computation	( )	( )	( )
Concepts	( )	( )	( )
Set Operations	( )	( )	( )
Verbal problems	( )	( )	( )
Other _____	( )	( )	( )
Spelling (cannot spell phonetically, omits or adds letters)	( )	( )	( )
Social Sciences, Sciences (doesn't handle concepts, doesn't understand relationships, poor understanding of cause and effect)	( )	( )	( )
Other (describe) _____			
_____	( )	( )	( )

ACADEMIC PROBLEMS

Date _____ _____

(Signature of person completing form)

RECORD REVIEW FORM

DIRECTIONS Please complete by reviewing all existing school records, including the health card To be completed by designated procedures

STANDARDIZED TEST INFORMATION (Last three years)

Test Name	Date Given	Grade and Age When Tested	Standard Score	G E	Percentile

COLLATERAL SCHOLASTIC INFORMATION

1 Record of Retention — No ( ) Yes ( ), grades retained _____ year(s) _____

2 Record of Skipping (Skipping a Grade) — No ( ) Yes ( ), grades placed _____ year(s) _____

CURRENT SERVICE INFORMATION

1 Speech Therapy — No ( ) Yes ( ) If Yes, describe _____

2 Physical/Medical Program — No ( ) Yes ( ) If Yes, describe _____

3 In Special Education — No ( ) Yes ( ) If Yes, describe _____

REVIEW OF PHYSICAL HISTORY

1 Past Medical Problems — Yes ( ), specify _____

2 Current Medical Problems: — Yes ( ), specify _____

3 Past Medications Administered: — Yes ( ), specify _____

4 Current Medications Administered — Yes ( ), specify _____

5 Past Physical Disabilities: — Yes ( ), specify _____

6 Current Physical Disabilities: — Yes ( ), specify _____

7 Past Vision Problems: — Yes ( ) Current Problems: No ( ) Yes ( )

8 Past Hearing Problems: — Yes ( ) Current Problems: No ( ) Yes ( )

9 Past Speech Problems: — Yes ( ) Current Problems: No ( ) Yes ( )

10 Past Perceptual Problems: — Yes ( ) Current Problems: No ( ) Yes ( )

11 Coordination Problems: — Fine Motor Yes ( ), specify _____

Gross Motor Yes ( ) specify _____

(CONTINUED ON BACK)

DESCRIPTION OF CURRENT PROGRAM OBJECTIVES

If no referral is being made or while the referral is being processed, what is being done by the shcool to remediate the problem

REVIEWED BY _____ Principal _____ Teacher

_____ Counselor _____ School Nurse

_____ Other

RECORD REVIEW FORM

DIRECTIONS: Please complete by reviewing all existing school records, including the health card. To be completed by designated procedures.

STANDARDIZED TEST INFORMATION (Last three years)

Test Name	Date Given	Grade and Age When Tested	Standard Score	G.E.	Percentile

COLLATERAL SCHOLASTIC INFORMATION

1. Record of Retention — No ( ) Yes ( ), grades retained _____ year(s) _____
2. Record of Skipping (Skipping a Grade) — No ( ) Yes ( ), grades placed _____ year(s) _____

CURRENT SERVICE INFORMATION

1. Speech Therapy — No ( ) Yes ( ) If Yes, describe _____
2. Physical/Medical Program — No ( ) Yes ( ) If Yes, describe _____
3. In Special Education — No ( ) Yes ( ) If Yes, describe _____

REVIEW OF PHYSICAL HISTORY

1. Past Medical Problems — Yes ( ), specify _____
2. Current Medical Problems — Yes ( ), specify _____
3. Past Medications Administered — Yes ( ), specify _____
4. Current Medications Administered — Yes ( ), specify _____
5. Past Physical Disabilities — Yes ( ), specify _____
6. Current Physical Disabilities — Yes ( ), specify _____
7. Past Vision Problems — Yes ( ) Current Problems: No ( ) Yes ( )
8. Past Hearing Problems — Yes ( ) Current Problems: No ( ) Yes ( )
9. Past Speech Problems — Yes ( ) Current Problems: No ( ) Yes ( )
10. Past Perceptual Problems — Yes ( ) Current Problems: No ( ) Yes ( )
11. Coordination Problems — Fine Motor Yes ( ): specify _____
    Gross Motor Yes ( ): specify _____

(CONTINUED ON BACK)

DESCRIPTION OF CURRENT PROGRAM OBJECTIVES

If no referral is being made or while the referral is being processed, what is being done by the shcool to remediate the problem

REVIEWED BY _____ Principal _____ Teacher

_____ Counselor _____ School Nurse

_____ Other

SP-2

OBJECTIVES OF VISION AND HEARING SCREENING PROGRAM

VISION SCREENING

Vision Screening should include the following:

I. Teacher observation and appraisal:

The results of teacher observations of pupil behavior and appraisal of pupil achievement are exceedingly important since unusual behavior, poor school performance, and reduced rates of learning may indicate health problems. Teachers need information of signs and symptoms of vision problems such as that in Example A attached.

II. Vision Screening Procedures - all the following should be considered:

A. Personnel Conducting Vision Screening.

Vision screening in schools should not be considered diagnostic. It is suggested school nurses; public health nurses; aides; or volunteers trained in vision screening conduct the screening. Adequate preparation and a thorough understanding of the tests are needed by all persons who conduct the screening.

B. Distance Visual Acuity.

Screening for distance visual acuity will help determine if a child is seeing objects at a distance. To administer distance vision screening, a number of instruments may be used such as:

1. Machines which project the charts, such as Telebinocular, Sight Screener, or Vision Screener.

2. Snellen Charts at 10 or 20 feet.
   a. Letter Chart - use with elementary, older children, or adults.
   b. E Chart - use with pre-school, elementary children, and non-communicative children.
   c. Symbols chart - use with young children with language.

C. Near Visual Acuity.

Near vision screening will determine the reading distance. To administer near vision screening number of instruments may be used such as:

1. Machines which project the charts, such as Telebinocular, Sight Screener, or Vision Screener.

2. Reading cards with either symbols or letters.

D. Muscle Balance Test.

A muscle balance test will screen the ability of the two eyes to work together or fuse. Muscle Balance Tests are especially important in young children to detect such conditions as ambloypia. When muscle imbalance is detected and referred to an eye physician before the age of six, there is a good possibility it can be corrected. This can be tested by using the various machines such as the Keystone Telebinocular, or by a manual method called "Cover-Uncover".

E. Color Vision.

Assessment of color vision does not need to be made until a pupil has reached grade one and it has to be made only once. Deficiency in color vision is not correctable, but it is important for students, parents, and teachers to be aware of such a deficiency. Most color deficiencies are in reds and greens. Thus, a knowledge of color deficiency is important in primary grades as well as in art, science, safety education, and vocational counseling. This can be screened by using sets of pseudoisochromatic plates such as Hardy-Rand-Rittler Pseudoisochromatic Plates Test and the Ishihara Test.

III. Follow-Up Procedures:

A. Re-testing.

Prior to a report or referral sent to the parents or authorized health personnel, re-testing should be done with children who have failed one or more parts of the initial visual screening. The re-testing needs to be done only in the area that the child failed.

B. Referral for Eye Examination.

The school district should have an organized plan for notifying parents and/or the proper health authorities that a given child has failed any portion of the vision screening and needs a professional evaluation by an eye physician. This plan might include a form such as Example B from the eye physician.

TEACHER OBSERVATION AND APPRAISAL

Signs and symptoms of visual problems which the teacher may observe in pupils are the following:

1. Behavior

   a. Holds work too close or too far.
   b. Asks for special seating.
   c. Thrusts head forward to see distant objects.
   d. Holds body tense when reading or looking at distant objects.
   e. Frowns when reading or when trying to see distant objects.
   f. Attempts to brush away a blur.
   g. Rubs eye frequently.
   h. Blinks continually when reading.
   i. Tilts head.
   j. Covers one eye.

2. Complaints

   a. Eyes are sensitive to light.
   b. Eyes or lids burn or itch.
   c. Images appear as blurred or doubled.
   d. Letters and lines run together.
   e. Words seem to jump.
   f. Frequent headaches occur.

3. Appearance

   a. Lids are crusted, red-rimmed, or swollen; sties occur frequently.
   b. Eyes water or appear bloodshot.
   c. Eyes are crossed or turned out.
   d. Eyes that cross when child is tired.
   e. Eyes in constant motion.
   f. Eyes with pupils of different sizes.

4. Performance

   a. Exhibits slowness in learning to read.
   b. Exhibits poor achievement, reduced quality or quantity of work, and slow rate of learning.
   c. Has poor alignment in writing.
   d. Has frequent temper tantrums.

5. Physical Activity

   a. Performs poorly at games.
   b. Exhibits poor eye-muscle coordination.
   c. Stumbles or trips over small object.

If any child exhibits one or more of these symptoms or signs refer child for vision screening immediately.

EXAMPLE B

Dear Parent:

Name of Child_____School_____Date_____

As a result of a recent vision screening at school, we believe that your child should have a complete professional eye examination. Please give this form to your eye doctor to complete and then return it to school. We urge you to give this your prompt attention.

Your child's performance on vision screening:

Snellen Test for Distance Vision

Without Glasses: R eye_____;L eye_____;Both eyes_____
With Glasses (if worn): R eye_____;L eye_____;Both eyes_____

Snellen Test for Near Vision

20/_____at_____inches

Color Vision:

_____

Muscle Balance

Right eye OK_____Deviation_____
Left eye OK_____Deviation_____

Observation of symptoms: _____
_____
_____

_____
Signature of Tester

_____
Signature of Duly Authorized School Personnel

- -

PROFESSIONAL EYE EXAMINATION

Note to the eye doctor:

The above child has not passed the vision screening. Please complete this form for parents to return to the school. Thank you.

Visual Acuity:	Distance Vision		Near Vision	
	without correction	with correction	without correction	with correction
Right Eye (O.D.)	_____	_____	_____	_____
Left Eye (O.S.)	_____	_____	_____	_____
Both Eyes (O.U.)	_____	_____	_____	_____

Field of Vision:

Diagnosis and Prognosis:

Treatment (if any):

Recommendations to School Personnel:

Re-examination recommended:

_____
Date of Examination

_____
Signature of Eye Physician

Resources

VISION SCREENING PROCEDURES

1. School Nurse.

2. "Alaska Public Health Nurse Manual", Chapter 3.

3. National Society for the Prevention of Blindness, Inc.; 79 Madison Avenue, New York, New York 10016.
   Brochures available:
   "Vision Screening of Children".
   "A Guide for Eye Inspection & Testing Visual Acuity of School Age Children".
   "Pre-school Vision Screening".
   "A Guide for Eye Inspection & Testing Visual Acuity of Pre-school Age Children".

4. American Optemetric Association; 700 Chippewa Street, St. Louis, Missouri 63119.

VISION SCREENING EQUIPMENT

1. American Optical Company; Southbridge, Massachusetts 01550. Sight Screener.

2. Bausch and Lomb Optical Company; Rochester, New York 14602. School Vision Test.

3. Freund Brother; Atlantic City, New Jersey. Atlantic City Vision Test.

4. Good-Lite Company; Forest Park, Illinois 60130. The illuminated chart for use at 20 feet and at 10 feet, plus lenses, and the equipment for tests for muscle balance are produced separately.

5. Keystone View Company, Meadville, Pennsylvania. Keystone School Telebinocular.

6. National Society for the Prevention of Blindness, Inc.; 79 Madison Avenue, New York, New York 10016. Snellen E and letter wall charts.

7. The Lighthouse Low Vision Services; 111 East 59th Street, New York, New York 10022.

8. Titmus Optical Company, Petersburg, Virginia 23804. School Vision Tester.

9. Tractor; Austin, Texas 78721. Johnston RA-116 Vision Screener.

TESTS FOR COLOR DISCRIMINATION

1. Hardy-Rand-Rittler, Pseudoisochromatic Plates - American Optical Company; Southbridge, Massachusetts 01550.

2. Ishihara Test - Good-Lite Company, Forest Park, Illinois 60130.

HEARING SCREENING

Possible Referral Characteristics for Hearing Impaired

One or more of the following may be observed:

A. behavioral
- -frequently uses "neutral response", "smiling", saying "yes" and periodically nodding in situation where he lacks understanding.
- -has difficulty following verbal direction or does not respond.
- -frequently asks to have statements repeated.
- -is inattentive in group activities.
- -appears to be confused, especially in noisy situations.
- -linguistic errors, such as dropping s plurals and possessive endings, i.e. he says, "the boy hat" for "The boy's hat."
- -tends to be "on guard" more than usual if he feels inadequate.
- -gives inappropriate answers to simple questions.
- -may isolate himself or be isolated by his peer group.
- -has complete or partial misunderstanding of conversation.
- -has poor ability to hear or discriminate between environmental sounds.
- -has difficulty in locating source of sound or speech; may be unable to recognize where the sound is coming from; may not hear or be able to detect the direction of a sound or speaker while his hearing classmates can easily determine the location.
- -is not able to tolerate sudden loud noises.
- -is overly dependent on visual clues.

B. physical
- -history of frequent ear aches or ear discharge, or nasal obstruction with associated mouth breathing or other nasal symptoms - frequent colds, sneezing, ear aches, allergies, history of viral infections, high fever, etc.
- -familial history of hearing loss and/or ear disease
- -history of dizziness and balance problems.
- -deformity of the outer ear.

C. developmental speech and language
- -spoken and/or written language not comparable to that of the peer group or may be totally absent.
- -sounds distorted and/or omitted from words, i.e., "I caught a fish" may be spoken or written as "Me cau__ fi__."
- -spoken and/or written words omitted from sentences or word order may simply be unintelligible, i. e. "Finished home." for "When he was finished, he went home."
- -figurative and abstract patterns of spoken and/or written language including idioms, metaphors, similes and personifications neither used nor understood.
- -voice quality harsh, breathy, nasal and/or monotone.
- -pitch, rhythm, stress and inflection and/or volume inappropriate.

Suggestions for Teachers with Hearing Impaired Students in a Regular Classroom

1. Seat the child near the front of the classroom where he can read your lips and follow classroom activites the easiest. If the child does not wear a hearing aid, the better ear should be toward the teacher and the rest of the class. If the child does wear an aid, the aided ear should be toward the teacher and the class. More important than this, however, is that the child should sit on the window side of the room so that he/she is not facing the sunlight while attempting to lipread.

2. The child should be encouraged to watch the face of the teacher and other student when they are talking.

3. The teacher should try to face the hard of hearing child as much as possible when speaking to the class. Important instructions should be given from a position close to the child.

4. The hard of hearing child should be encouraged to turn around in his/her seat so that he/she can see the faces of other children participating in class activities.

5. The teacher should not use an excessively loud voice or exaggerated lip movements in speaking to the child. Speak naturally, but distinctly.

6. If a choice of teachers is possible, the hard of hearing child should be placed with the teacher who speaks slowly and precisely.

7. We are apt to overestimate the hearing efficiency of the child because when he pays attention he apparently hears quite well. Remember that this child must use more effort to hear than the normally-hearing child. It is to be expected that holding the attention of this child will be difficult.

8. A hearing loss caused by nerve damage may cause the child to speak with a dull voice and inaccurate diction, simply because he does not hear speech clearly. Although it is all right to encourage the child to use his/her best speech, do not expect too much of the child or be too critical of his/her speech.

9. A hearing loss will affect the development of language skills. Therefore, the child should be encouraged to compensate by a more active interest in all language activities such as reading, spelling, etc.

10. The hard of hearing child should be watched carefully to see that he/she is not withdrawing from the group or that he is not suffering a personal reaction as a direct result of his impairment. The teacher may wish to discuss in class what a hearing loss may be like, and to show the children how they may help their classmate in certain activites. If

the hard of hearing child wears an aid, it could be the subject of "show and tell" interest--what it does, how it is worn, etc. The children should be aware, however, that wearing an aid is no more unusual than wearing eyeglasses.

11. The nurses and teachers should be careful to watch for common colds, influenza, throat infections, earaches, etc. in this child. He/she should be given medical attention as quickly as possible.

12. The teacher should:
    a. keep hands and books away from your face while speaking.
    b. avoid talking while facing the blackboard.
    c. put difficult words or specific assignments on the blackboard.
    d. try to stand fairly still while talking.
    e. try to speak to class from a position in room which allows adequate light.
    f. teach the hard of hearing pupil to use the dictionary pronunciation key so that he/she can help himself/herself.

13. The teacher should use many visual aids to increase the number of sensory associations the hard of hearing pupil can store in order to facilitate his/her learning.

14. Be aware that the hard of hearing pupil has special vocabulary needs.

15. Allow the hard of hearing pupil to move his/her seat or exchange seats with others when he/she feels this move to be advantageous for comprehension.

16. If the pupil has read the unit before class he/she will be able to follow along much better because he/she will be more familiar with the vocabulary.

17. Many children hear better on some days than others, so don't always blame the child as being inattentive.

18. Encourage the child to participate in musical activities. It may stimulate his/her residual hearing and may add rhythm to his/her speech.

19. If the hard of hearing child misunderstands, restate the word or statement in other words as you may be using words he/she cannot speak, read or understand.

SP-3

INITIAL IDENTIFICATION AND REFERRAL MEETING

INITIAL IDENTIFICATION AND REFERRAL PROCEDURES MEETING

Some person on the school staff should ensure that all personnel are aware of and trained in the use of screening instruments and procedures.

The purpose of providing a screening instrument is to assist the teacher in identifying children who may need additional school support services because of special needs. The screening instrument is completed by the teacher for those children who appear to be functioning inadequately.

All staff should be familiar with initial identification procedures. The following should be covered:

- Explain that the screening is not a test; it requires no response on the part of the student; it depends solely on teacher observation; parent approval is not required;
- Familiarize all teachers with the form; discuss items with them;
- Explain that they only complete instruments on children who appear to be functioning inadequately;
- Establish the time lines for screening;
- Hand out to each teacher enough forms to screen 20% of the children in class;

Also, at the same meeting go over the Record Review Form and procedures:

- Explain that a record review should accompany every checklist;
- Explain that the screening instrument can be completed at any time and attached to the referral form;
- Explain that initial identification does not necessarily mean that the student is eligible for special education;
- Explain that referral for diagnostic testing should occur only after a thorough review of screening information and record review has been completed. Discuss referral guidelines. (See SP-5)

SP-4

INVOLVEMENT OF PARENTS IN INITIAL IDENTIFICATION

Parent Interview Form

Involvement of the Parents in Initial Identification and Referral

In some cases, the pupil's problem may have come to the school's attention through parent requests for help. In other cases, no parent contact will have been made until the screening instrument has been completed and the pupil's records have been reviewed.

Prior to referral for diagnostic testing, it is recommended that a parent interview be conducted; this may be conducted by the teacher, counselor, or principal. The Initial Identification and Referral Parent Interview Form contains the minimum information that might be collected (see following page). The parent interviewer should also attempt to identify the native or preferred language used in the home so that all notices can be translated for parents (See Model Form 3).

Initial Identification and Referral Parent Interview Form

Student_____ Teacher_____

Date_____ Interviewed by_____

Your child might need additional services from the school. Sometimes we are able to determine if your child needs this help or not by a review of his/her school records, whereas sometimes additional diagnostic testing is necessary. Right now we are looking at the school records. It would be helpful if you answered the following questions. If we find that additional testing is needed, we will include you in the decision, and we must first obtain your permission.

At this time our concern is (specify)_____

_____

_____

1. What help do you think your child needs, if any?

2. How well does your child perform in the following subjects: (circle high, medium, low, or leave blank if you don't know)

READING	H M L	MATH	H M L	SPELLING	H M L
WRITING	H M L	STUDY HABITS	H M L	PHYSICAL EDUCATION	H M L

3. Do you feel your child has any vision problems: ( )No ( ) Yes, specify:

_____

4. Do you feel your child has any hearing problems: ( )No ( )Yes, Specify:

_____

5. Do you feel your child has any speech problems: ( )No ( )Yes, Specify:

_____

6. Do you feel your child has any medical problems that the staff should be aware of: ( )No ( )Yes, specify_____

_____

7. Do you feel that your physician has information or medical records that would help in the development of an appropriate program: ( )No ( )Yes

8. Do you feel your child has any behavior problems: ( )No ( )Yes, specify:

_____

9. Are there any other records/information the school should have ( )No ( )Yes, Specify:_____

SP-5

GUIDELINES FOR SELECTING STUDENTS FOR REFERRAL FOR ASSESSMENT

Guidelines for Selecting Children for Referral for Diagnostic Assessment

In deciding who is to be referred for assessment, it is important for the school to consider if it has enough data to make the decision, if it can remediate the problem without referral, or whether after screening, the child, in fact, has no problem.

At times the teacher, principal or other designated person will have enough data to summarize the information and complete the referral without further assistance. But at other times, the school may want to include others in a "pre-referral" meeting to ensure that a referral for assessment is appropriate. Some decisions this group might make are:

- there is no problem
- more observational data is needed (to be processed back into an additional pre-referral meeting)
- the problem can be dealt with internally in the school with no additional assistance
- the child does not appear to qualify for special education under the Handicapped Child Law but needs remedial or tutorial assistance (assistance might be requested from such sources as Title I, or district reading personnel)
- referral might be needed for diagnostic testing
- referral might be needed for another service, e.g., medical evaluation

After the screening instrument and record review form have been completed, some rules for selecting children must be applied to discriminate between those children who need further diagnostic testing and those who do not. Diagnostic testing is composed of physical, educational, vocational, and/or psychological assessment as needed.

1. A child not having academic difficulties should not be selected for further educational assessment except for the extremely withdrawn child and the extreme behavior problem child, though these types of children usually have accompanying academic difficulties. These children should be given a psychological assessment for the purpose of developing a prescriptive social program.

   An extreme problem is one that endures; either the child's records indicate that the problem has been present for a significant period of time or it is expected that the child's problem will persist. A standardized observation instrument might be used in such cases as a supplement to the record review, especially if no additional information is available in the records. Use of the Walker Behavior Problem checklist is recommended.

   1.1 On the checklist, an item marked as occurring "often" or "always" is considered a problem.

2. If standardized test information is included on the Record Review Form, a child in grades 1 and 2 should be about 1.0 grade equivalent behind; in grades 3 through 6, about 1.5 grade equivalent behind, at the secondary level 3 to 4 years behind in order to be eligible for further assessment.

3. When the school Record Review Form offers no information on the child's academic standing but the screening instrument indicates the child is having academic problems, then select the child for testing.

4. When an item relating to a medical or physical problem is checked for a child, the parents should be informed of a possible problem even if the child is not experiencing any academic difficulties. Often, however, parents will be aware of any medical complications. A brief check through the child's school records will indicate if the parents have attended to this matter in the past.

   When a child for whom a physical item is checked is not experiencing academic problems, the child should at least be referred to the school nurse. If academic problems are present then referral for a comprehensive diagnostic testing is needed.

5. When no information other than the checklist is available on the child, then either:

   5.1 select for testing, or

   5.2 interview parent.

SP-6

REFERRAL DECISIONS

SAMPLE COMMUNICATION TO PARENTS

(Form 2)

REFERRAL DECISION

1.0 Purpose: As a result of the referral decision, the parent will be informed of the nature of problems observed by the school, any relevant data that the parent might have will be collected, and the nature of the referral for assessment will be determined.

2.0 Decisions: The following decisions might be made:

2.1 How the problem is to be described to the staff or regional support agency receiving the referral.

2.2 Whether more information is needed prior to making a referral decision.

2.3 Whether a referral is to be made, and if so, to whom.

2.4 Temporary procedures to be provided by the regular education program that will be used while the referral is being processed.

3.0 Recommended Procedures to be Used to Arrive at Referral Decision:

3.1 Decide who should be contacted to discuss referral sources in addition to parents, teachers and administrators (e.g., district specialists, reading teachers, psychologists, etc.).

3.2 Contact parent(s) and invite them to attend a conference at a time and place convenient to them and school personnel.

NOTE: Parent involvement in a conference at this point is not required, but is highly recommended. Sample letter to parents is attached. The content of the letter may serve as an outline for telephone contact with the parent(s).

3.3 Screening/Record Review Form should be available during the conference.

3.4 The problem as defined on the summary form should be shared with the parent(s) and school personnel.

3.5 Using the parent interview form (if not previously completed), gather additional information on the child.

3.6 The school should present assessment referral sources that are available (e.g., pupil personnel, county assessment programs, etc., or county medical facilities, private physician).

3.7 The selected assessment referral choice and expected outcome of service should be indicated; outcomes might be: hearing assessment, educational assessment, placement in special program, etc.

3.8 Procedures that will be used to maintain the child in the regular programs should be indicated (e.g., peer tutoring, time out procedures, etc.).

3.9 The parent should give informed consent to continue with the referral.

MODEL FORM 2

Date: _____

Dear _____:

It has come to our attention that your child, _____, is having some problems in school. We have reviewed your child's progress and feel that we need more information to help him/her get full benefit of the school's programs. This information will help us to find out what your child's needs are and plan the most appropriate educational program.

Reasons for Concern: _____

_____

_____

_____

Attempts to Resolve Concerns: _____

_____

_____

_____

Because of the concerns listed above, we feel it is necessary to collect additional information. Qualified school personnel are now choosing tests and evaluation procedures that are appropriate for your child. Before any testing is done, we will send you a letter describing the tests to be used and asking your permission to conduct the tests. If, as a result of the tests, your child's school placement needs further consideration, you will be notified and invited to a meeting to help plan his/her educational program.

In an effort to keep you fully informed as to your rights concerning educational evaluations and placements, it is important that you be aware of and understand you have the right to:

1. review all records related to your child's referral for evaluation,
2. review all procedures and instruments to be used in the evaluation,
3. refuse to permit evauation(s) or a change in your child's educational placement,
4. be fully informed of the results of evaluation,
5. obtain an independent evaluation for your child from a public or private agency
6. request an impartial due process hearing, and
7. permit or deny disclosure of your child's school records to anyone other than school personnel.

If you have any questions at all about your child's progress or any part of this letter, please call me at _____ (phone) and we will arrange a parent conference.

Sincerely,

SP-7

REQUEST FOR INTERPRETER/TRANSLATOR

(Form 3)

MODEL FORM 3

REQUEST FOR INTERPRETER/TRANSLATOR

PURPOSE: All communication with parents of children referred for service or receiving service should be conducted in the primary language of the home. If it is determined that the language is other than English and that an interpreter/translator is needed to facilitate communications between school personnel and the parents and/or the child, then this form should be completed and submitted to the appropriate person or agency. A copy should be maintained on file.

1. CHILD'S NAME: _____

   PARENT'S NAME: _____

   ADDRESS: _____
   Number Street

   _____
   City State Zip Code

2. The preferred language of the home is _____

3. An interpreter/translator will be needed for the following:

   - ☐ Prior Notice
   - ☐ Consent for evaluation
   - ☐ Parent/Teacher Conference
   - ☐ Development of IEP
   - ☐ Annual Review of IEP
   - ☐ Review of Records
   - ☐ Hearing Procedures

4. An interpreter/translator is needed on the following date(s):

   _____

   _____

   _____

   _____

5. Person(s) initiating request:

   _____

   _____

   _____

SP-8

REQUEST FOR DIAGNOSTIC SERVICES

(Form 4)

MODEL FORM 4

REQUEST FOR DIAGNOSTIC SERVICES

Referring District _____ Date _____

Child's Name _____ Date of Birth _____

School _____ Grade _____ Teacher _____

Description of reason for referral: _____

_____

_____

The following screening information is attached: _____

_____

The following is requested:

☐ Academic Testing

☐ Physical Examination

☐ Physical Education Assessment

☐ Vocational Assessment

☐ Behavioral Assessment

☐ Psychological Assessment

☐ Other (specify) _____

_____

Status of Child:

☐ Not receiving educational services.

☐ Receiving educational services, but may need special education services.

☐ Receiving special education, but needs additional and/or different special education services.

Parent was informed about this referral? ☐ Yes ☐ No

_____
Signature of Principal or referring teacher

_____
School or agency

SP-9

CULTURAL CONSIDERATIONS IN FORMAL TESTING

CULTURAL CONSIDERATIONS IN FORMAL TESTING *

The importance of multiple assessment measures is recognized by the procedural safeguard in P.L. 94-142 which restricts any single assessment procedure from constituting the sole criterion for determining an appropriate educational program for a child. As discussed earlier, informal evaluation techniques should be considered in addition to formal tests, e.g., behavioral observation, interviews, informal analyses, etc.

Assessment instruments and techniques must be selected only within the context of specific assessment goals and with knowledge of an individual child and his or her larger environment. Selection of any test instrument must therefore be preceded by a clearly stated purpose that is agreed on in advance by those who are to use the results. It is a clear awareness of this purpose which should guide an assessment team's planning efforts. Otherwise many abuses in any form of haphazard test selection are possible, i.e., using instruments simply because they are part of a standard battery, because they are familiar, or because they are the only ones readily available.

It is disrespectful of a child's needs and rights, as well as an abuse of the instrument, to use a test for an inappropriate purpose. For example, it may be both fair and useful to administer a test in English to a linguistically "different" child when the purpose is simply to appraise readiness to profit from instruction in English; yet the same activity is clearly inappropriate if the test score is to be used as an estimate of overall intellectual capability.

* California Regional Resource Center, "A Handbook for Culturally Appropriate Assessment", November, 1977

The assumptions underlying any assessment procedure must be seriously questioned to make sure they are valid in terms of the purpose for which the child is being tested. Since tests are inventories of behavior, how well they evaluate what a child has learned depends on how well they sample that child's experience. It cannot be assumed that all children will have equal opportunities or motivation to learn the answers or skills necessary to succeed on a test. Such an assumption of universal experiences and value systems is particularly hazardous for minority children.

A different purpose is served by each type of evaluative procedure, and no single approach adequately will provide a sufficient range of data for appropriate instructional programming. Tests are never able to sample the full range of complex and variegated behavior that make up "real life" criteria. For example, school grades are likely to reflect motivation, teacher and parental expectations, peer influence, classroom behavior, curricular demands, and study habits, as well as intelligence and achievement. Even if a test could accurately measure scholastic aptitude, its validity for predicting school grades would be limited because of the influence of the many other factors.

Many norm-referenced instruments, as currently designed, are inappropriate for use with children from minority cultures. A significant response to this problem has been the increased use of criterion-referenced measures. This approach avoids the negative implications of comparing children from diverse sociocultural backgrounds against inappropriate reference groups and focuses instead on measuring an individual's independent achievement. It should be noted that criterion-referenced evaluation is not, by definition, free from cultural inappropriateness. The criteria by which children are being measured

may be culturally or linguistically biased toward mainstream Anglo-caucasian culture. Lacking intercultural awareness and culture-specific knowledge, the curriculum specialist, program planner, or teacher may inadvertently establish criteria that place minority children at a disadvantage.

Any criterion-referenced test must be subjected to the same critical review for content, linguistic, and statistical appropriateness, as would any norm-referenced instrument. Below is a brief discussion of some general questions to consider, and some suggestions for procedures to follow, when selecting tests for use with a culturally and/or linguistically "different" child. Additional information related to testing in specific behavioral areas follows.

A. Selecting Tests

1. Suggestions for Evaluating Test Content

a. Select culture specific tests which reflect distinct experiential backgrounds. Tests such as the BITCH-100 and the Enchilada Test were developed to reflect experiences from the black and Chicano cultures respectively. However, there are problems with culture-specific tests. One difficulty is that there are so many different cultural groups that it would be an overwhelming task to design a specific test for each. A second problem is that culture-specific tests cannot be used to predict performance in the public schools, inasmuch as the schools reflect the core culture.

b. Check for the inclusion of minority groups in the initial trial of test items. If, at the original point of item selection, consideration has been given to the types of information valued in different cultures and to the frequency of vocabulary usage, there is some guarantee that the test items will fairly reflect different acculturation patterns. Merely reforming a test (determining performance levels of a new population on an old test) does not necessarily make the original test more appropriate, however.

c. Use professional judgment to determine the degree to which informational content may penalize a particular child. For example, the content on the matching subtest of the Metropolitan Reading Test may be inappropriate for the average Puerto Rican child in this country. Items which clearly reflect ambiguous or unfamilar content and values should then be modified or eliminated. If the total test results are still used, they should be interpreted with appropriate caution.

d. Look to item-analyses which may reveal items that differentially favor one group over another.

e. Follow-up during and after assessment to determine if the child can accurately respond to the intent of the questions. This is important since it is not always possible to determine in advance which items are inappropriate for a particular child. Answer formats which allow the examiner to question and record the child's reasoning processes provide excellent opportunities for culture-fair test item analysis.

2. Suggestions Related to Test Language

a. Where available, select tests that have been developed originally from appropriate language bases, not merely translated from standard English.

b. Use a language style during testing which maximizes the child's opportunity to understand what is required and to be able to respond freely and comfortably. This requires that the child's language proficiency has been previously determined. It is important to note that simply because a child predominantly speaks a language, he or she may not necessarily be literate in that language. A profile of listening, speaking, reading and writing proficiency should be established so a match can be made between the skills demanded by a test and the language or dialects in which a student may have acquired that skill.

Even when test directions or test items are translated, they cannot be assumed equal in difficulty to those in the original language. For example, an item on the Tests of General Ability (TOGA) shows a picture of a woman washing clothes and is followed, in the English edition, by the words "wash," "wake," "walk," and "call," and in the Spanish edition by the words "lavor," "despertor," "andar," and "llamar." In the English edition, a child is required to distinguish between three words beginning with the same letter, all having the same number of letters in the words, while the same is not true for the Spanish translation.

Linguistic considerations are most important in tests that demand discrimination in phonology, semantics, and syntax. Spanish speakers of the Southwest often make no distinction in their pronunctiation of the words "pen" and "pin," a test item found in the Wepman Test of Auditory Discrimination. Missing this item alone will lower a test score by four months.

One response to the problem of linguistic bias has been the development of so-called culture-fair nonverbal tests such as the Leiter, Cattell, and Raven tests. However, these tests have failed to yield similar means and standard deviations for persons from different sociocultural groups. They also lack suitable predictive validity. One test cannot be universally applicable and fair to persons from all cultures and still assess important psychological characteristics and predict socially useful criteria. Also, nonverbal tests designed to reduce cultural bias may be

inappropriate because they focus on only one mode of selecting and organizing information -- which may be culturebound.

3. Suggestions for Accomodating Test Format

   a. Teach the child test-taking techniques such as following directions, working persistently and speedily, marking answers, examining alternative responses. A readiness set can be engendered which leads to increased scores on certain problem-solving tasks. It has been found that after practice sessions (with an emphasis on group feedback, rapport building, cooperation rather than competition, matching examiner's ethnic culture to the student's, and giving test directions in the student's dominant language) black and Chicano junior high school students demonstrated dramatically improved test performance.

   b. Provide alternative response modes for children who do not have adequate command of spoken or written English. These could include taped responses from young children, signing for deaf children, body language, mixed language styles, etc.

   c. Remember that any significant modification of the standardized testing procedure to control for time, directions, illustrations, or answer format make the scores earned on a modified test impossible to interpret within the original normative framework. If one departs from standard procedures for the sake of eliciting improved performance, it is important to have a clear rationale for doing so, to record the modifications used, and to be aware of their impact on standard interpretation of tests results.

4. Suggestions for Evaluating Test Statistics

   a. Determine whether the child's acculturation patterns are similar to those reflected in the test's standardization sample.

   b. Investigate the availability of local/pluralistic norms for all cultural groups to which the instrument will be applied. See discussion on Intelligence Testing.

      A determination must be made as to whether the child to be assessed matches the acculturation patterns reflected in the standardization sample. Data reported in the test manual, i.e., sex, age, socioeconomic status, ethnic background, level of education, geographic region, psychological characteristics, etc., should be consulted to make this determination.

      We must avoid the notion that all minority or lower socioeconomic children are, by definition, significantly different from those in the standardization sample. This position is prejudicial and unwarranted. However, we must be sensitive to the fact that important differences exist with respect to child-rearing practices, expectations and aspirations, language experiences, and that these and other factors may result in acculturation patterns which are not directly comparable to those which are more typical in the United

States. The decision as to whether a child's acculturation patterns are similar to those generally reflected in the test's standardization sample can be made individually and only with a thorough knowledge of the child's background (Oakland and Metuzek, 1976).

If the child in question does not match the standardization sample, normative comparisons should be avoided. The presence of minorities in the standardization sample may be unimportant if their number is small. If majority-culture children determine the normal distribution, cultural groups which differ systematically from the majority may be defined statistically as abnormal, even though this violates a basic statistical principle: when two groups differ significantly they are, by definition, from different populations. In such an instance, they cannot be treated legitimately as single population for purposes of norming a test.

Criteria may be used in statistical regression models that reflect no substantial minority culture contribution to the variance. In college admission practices, for example, Chicanos, because of their previous exclusion from, or nonparticipation in many colleges, have not been included in any significant number in the distribution of grades. Restriction in the distribution of scores tends to lower reliability. Minority-group children tend to have a smaller spread of scores in reliability samples, thus yielding lower reliability coefficients.

Testing of the culturally different child is especially susceptible to the introduction of psychometrically random factors determining reliability. These include the relationship between assessor and child, the child's lack of test sophistication, and effects of previous negative testing experience. Also, test-retest reliability is lowered by the inclusion of items that rely on subjective judgment in scoring. In light of the numerous difficulties which exist in judging the statistical adequacy of test results, it often becomes necessary to supplement statistics with personal judgment in order to estimate a test's appropriateness.

5. Suggestions for Evaluating Testing Situation

   a. Determine whether the locale in which testing takes place is familiar and congenial to the student.

   b. Determine the extent to which the examiner's style is warm, responsive, motivating, and respectful while firm. The style of the examiner probably is more related to test performance than either gender or years of professional experience.

   c. Investigate the effect of the examiner's ethnic culture on the testing situation.

   d. Determine the motivational tenor of the testing situation. Situations which generate a moderate level of motivational arousal generally produce the most favorable results with minority group children. The

extremes of a low-expectation, game-like atmosphere or a high expectation, critical atmosphere should be avoided, as they may result in disinterest or anxiety.

B. Testing in Specific Behavior Areas

1. Intelligence Testing

Intelligence testing must account for cultural and linguistic factors which may have a considerable impact on test validity. Critics of traditional IQ testing have pointed out that standardized tests (WISC-R; WAIS; Stanford-Binet) may be biased and unfair to persons from cultural minorities and low socioeconomic levels because most standardized intelligence tests primarily reflect white, middle class values and attitudes, and do not adequately sample the experiences and the linguistic, cognitive, and other cultural styles, attitudes, and values of minority groups. In addition, tests may be conducted incompetently by persons who do not understand the culture and language of minority group children and thus are unable to produce assessments which truly reflect the child's underlying competence.

Alternatives to the use of existing tests in their original form include the following:

a. Translation of existing intelligence tests into different languages and dialects. Translations of standard tests enable the linguistically different child to perform better than do standard English versions, but they nevertheless are not truly culture-fair. This is because they still test for concepts and use developmental norms which are culture-bound.

b. Nonlanguage tests. In nonlanguage tests, a measure of the child's intelligence is derived from his/her performance in a series of nonverbal tasks. An example of such a test is a Piagetian diagnostic procedure called Program Assessment/Pupil Interaction (PAPI).

The Leiter International Performance Scale is a commonly used nonlanguage test. It is necessary to recognize, however, that what these tests measure is necessarily different from what conventional tests measure, since it is psychologically impossible to eliminate the verbal content of any behavior without altering the intellectual processes involved.

c. Culture-Specific Tests. The development of individual intelligence tests specific to each major cultural group in the United States would provide an ideal solution to the problem of culturally inappropriate intelligence testing. However, the enormous costs and complexities involved in determining the constituent parts of intelligence in a multiplicity of cultures makes this approach both prohibitive and impractical.

d. Providing local/pluralistic norms. The System of Multicultural Pluralistic Assessment (SOMPA) (Mercer et al., 1977) is one assessment system wherein pluralistic norms have been developed for distinct sociocultural groups within various ethnic groups. With SOMPA, the intelligence of each child is evaluated (using the WISC-R) only in relation to others who have come from similar sociocultural backgrounds and who have had approximately the same opportunity to acquire the knowledge and skills to perform on an intelligence test designed for the majority culture. In addition, SOMPA, is a system vs. a single test instrument, focusing not only on cognitive behaviors, but also on perceptual-motor development, health conditions, and adaptive behavior. Parent interview information is combined with data from direct assessment of the student to provide a comprehensive and balanced basis for planning instructional intervention.

2. Perceptual and Psycholinguistic Testing

Should an assessment team decide to conduct a formal assessment of perpetual and/or psycholinguistic abilities, it should follow the suggestions given for evaluating tests for cultural appropriateness. An example of shortcomings in instruments which measure children's psycholinguistic abilities may be found in the Illinois Test of Psycholinguistic Abilities (ITPA). In a study by Grill and Bartel (1977), the Grammatic Closure subtest of the ITPA was examined to determine the extent to which it was appropriate for speakers of nonstandard English. The results of this study showed that eleven of the thirty-three items on the Grammatic Closure subtest were "high risk" items in which appropriate responses could be made in standard English, but not nonstandard English. These items were found to account for between 52% and 100% of all errors by black children, in whose nonstandard dialect words like "hisself" and "theyself" were acceptable.

While the results of Grill and Bartel's research cannot be generalized to other subtests of the ITPA, to other standardized tests, or to other minority population's performance on these tests, many psychometricians view language as a general problem in standardized psycholinguistic tests. Thus, studies such as that conducted by Grill and Bartel reinforce the need for the assessment team to evaluate selected assessment techniques in advance for appropriateness and to interpret the data gathered with care.

3. Testing for Psychological Adjustment

As in all other areas, the assessment team will want to acquire only the information related to the child's psychological adjustment which

can be used in developing the child's educational program. One area that may have direct relevance to instruction is that of achievement motivation. The concept of achievement motivation reflects the need for achievement as opposed to affiliation.

An excellent example of the culturally appropriate nature of the TAT, adapted for the assessment of achievement motivation, can be found in a recent study by Ramirez and Price-Williams (1976). These researchers used seven TAT cards depicting the following: 1) student and teacher, 2) student and mother, 3) student and father, 4) two students of the same ethnic group, 5) two students, one of darker complexion than the other, 6) student, parents, and principal, and 7) student studying alone. They asked test subjects to answer three questions for each card: 1) What is happening?, 2) What happened before?, and 3) How will the story end? Results were scored blind, i.e., without knowledge of the sex or ethnic group membership of the subjects. It was concluded from this study that:

> In the past it has been all too readily concluded that Mexican Americans and Blacks have little motivation to achieve, and it has been assumed that somehow their cultures interfere with the development of this motivation. The results of the current study, however, show that the aforementioned conclusions are unjustified. That is, members of certain cultural groups may have appeared to exhibit little achievement motivation because the particular methodology used did not tap achievement motivation as interpreted by that cultural group and/or because the achievement motivation expressed was not recognized as such due to the narrow definition of achievement used.

Through such assessment, the team may be able to better understand both the child's reinforcers and the ways in which they may be capitalized upon in instructional programming. For example, the classroom environment and instructional methods used with the child may be adapted to meet affiliation needs and to encourage achievement motivation.

TEST MATRIX

The following test matrix includes a representative sampling of instruments available according to the following areas:

1. Adaptive Behavior/Developmental
2. Achievement/Basic Skills/Readiness
3. Intelligence/Mental Ability
4. Mathematics
5. Physical Education/Recreation/Perceptual Motor
6. Reading
7. Screening
8. Speech/Language/Auditory Perception
9. Spelling
10. Vocational/Occupational

Because of the issue facing districts concerning measurement of adaptive behavior, the following article is abstracted from a publication by Coulter and Morrow, The Concept and Measurement of Adaptive Behavior Within the Scope of Psychological Assessment, 1977.

ADAPTIVE BEHAVIOR MEASURES

The most commonly accepted definition of adaptive behavior is Grossman's (1973), who defines it as "the effectiveness or degree with which the individual meets the standards of personal independence and social responsibility expected of his age or cultural group." When attempting to measure adaptive behavior as defined above, the appraisal practitioner may be at a loss as to what particular instrument to use or how to obtain it.

Two consistent elements which are present in most definitions of adaptive behavior are "personal independence" and "social responsibility." The disadvantage of restricting the definition to only these two elements is that it allows for a plethora of known behavior rating scales and instruments to be considered as adaptive behavior measures which could number more than 100. In fact, a recent compilation of behavior checklists, which was not an all-inclusive list, counted 136 (Walls & Werner, 1976). To

define the assessment of adaptive behavior simply as a measure of personal independence and social responsibility is confusing to the practitioner and does not encourage effective measurement practices. The authors feel that three additional prerequisites are needed to assist the practitioner and to compile a meaningful collection of adaptive behavior measures.

First, a decision must be made regarding the function or purpose of the assessment being conducted. If adaptive behavior is being measured to assist in making an identification of mental retardation or a placement decision for special services or instructional arrangement (i.e., appraisal for identification/placement), the measurement should have norms which will discriminate among known groups (e.g., mentally retarded versus slow learning) and/or be representative of a normal distribution of the population (i.e., delineating two standard deviations below the norm). Without the capability to discriminate between the two profiles (i.e., mentally retarded versus slow learning) the data generated by the measure are not helpful in making the required decision. In fact, a position can be stipulated following an analysis of Grossman's definition that in addition to the two common elements noted (acquisition of expected skills and maintenance of responsible relationships) and the implied developmental trends, the definitions also imply a need for norms. With the requirement of a comparison of individuals with their age and/or cultural groups, more than just a criterion measurement of adaptive behavior is required. When the general definition (Grossman, 1974) is applied to a question of identification/placement, norms are needed to describe known groups (i.e., classes for mentally retarded, regular classroom, learning disabilities, classes, etc., for majority and minority groups), which will enable the appraisal professional to make the required comparison. The purpose of including a measure of adaptive behavior in such an assessment is generally recognized as part of a least-biased assessment.

If the function of the assessment is to assist in planning or evaluating an instructional program for implementing an intervention (i.e., appraisal for intervention/programming), the measure should provide information which will assist in designating the specific scope, sequence, and content of what is to be conducted in the remedial or educational process of intervention (i.e., the individualized educational program). Norms may be helpful in this particular function of assessment for grouping individuals with similar instructional needs or in evaluating progress in an instructional program. However, ideally an adaptive behavior measure used in intervention/programming would compile baseline data specifically describing current performance and suggest subsequent steps for additional skill acquisition. It should not be automatically assumed that one measure or test can perform both functions of assessment.

Secondly, any measure used in adaptive behavior assessment should exhibit certain minimum psychometric prerequisites. Evidence of reliability and validity should be available and acceptable to the practitioner using a particular scale.

Thirdly, practitioners involved in the assessment of adaptive behavior have the valuable perspective of having actually used individual tests or measures and of establishing a working knowledge of what measures best fit their needs. They are able to perform a consumer evaluation of the scales that does not always use the psychometric criteria noted above. Factors such as administration time, cost per student, and facility of interpretation are important criteria and are most effectively evaluated by the professional judgment of actual users of the measure.

ACHIEVEMENT/BASIC SKILLS/READINESS

TEST/SYSTEM	DESCRIPTION	AGE/GRADE LEVEL	SETTING	WHO ADMINISTERS	APPROXIMATE COST	PUBLISHER CODE
Basic Concepts Inventory	This is a criterion-referenced checklist of basic concepts frequently used in verbal directions which are considered necessary for a child preparing for beginning academic tasks.	Preschool to 10 yrs.	Individual	Teacher	$40.00	FOL
Basic School Skills Inventory	Criterion-referenced, standardized instrument measuring readiness skills critical for first grade	4-6.11 yrs.	Individual	Teacher	$12.00	FOL
Boehm Test of Basic Concepts	This is designed as a screening device for verbal understanding. It is comprised of two booklets, each containing 50 picture items. The booklets are not intended to be equivalent forms, but are both to be administered. Suggestions are made in the manual on how to use the results to plan remedial instruction.	Grades K-2	Group	Teacher	$6.50	PC
California Achievement Test	Tests reading, mathematics and language at five different grade levels.	Preschool to adult	Group	Teacher	$17.50	CTB
Comprehensive Tests of Basic Skills (CTBS)	This test gauges skills necessary for studying and learning in subject-matter courses. 10 subtests.	7-19 yrs.	Group	Teacher	$11.00 - multi-level examination kit	CTB

ACHIEVEMENT/BASIC SKILLS/READINESS

TEST/SYSTEM	DESCRIPTION	AGE/GRADE LEVEL	SETTING	WHO ADMINISTERS	APPROXIMATE COST	PUBLISHER CODE
Iowa Tests of Basic Skills	There are two batteries, primary grades 1.7-3.5 and intermediate 3-8. Subtests of these tests include vocabulary, reading, comprehension, language and word study.	8-15 yrs.	Group	Teacher	Cost range from $7.00 to $21.00 depending on level	HMC
Metropolitan Readiness Test	This test measures word meaning, sentence meaning, information, matching, copying and numbers. Supplementary test requres that the child draws a man. Used to measure readiness for first grade instruction.	K-1 grade	Group	Teacher	$8.75	HBJ
Peabody Individual Achievement Test (PIAT)	This is designed for the purpose of providing a wide-range screening measure of achievement in the areas of mathematics, reading recognition and comprehension, spelling and general information. It results in a quick, rough estimate which may indicate the need for more complete diagnosis in one or more areas.	K-adult	Individual	Teacher, educational diagnostician	$32.00	AGS
Stanford Achievement Test (SAT)	Test batteries measure word meaning, paragraph meaning, vocabulary, spelling and word study skills. Price varies according to level.	6-19 yrs.	Group	Teacher	$10.30-$15.20	HBJ
System FORE	Contains sequences of objectives in language, reading and mathematics. The kit includes assessment of pupils, determining objectives, grouping of pupils, and instructional materials to be used with the objective sequences.	0-10 yrs.	Individual	Teacher	$35.00	JKE

TEST/SYSTEM	DESCRIPTION	AGE/GRADE LEVEL	SETTING	WHO ADMINISTERS	APPROXIMATE COST	PUBLISHER CODE
Metropolitan Achievement Tests	Reading (word knowledge); language; spelling; math (computation, concepts, problem solving); science; social studies. Elementary and intermediate 125 min.	Primary I Batt. Gr.1.5 Primary II Batt. Gr. 2 Elem. Batt Gr. 3-4 Interm. Batt. Gr. 5-6	Individual or group		$10.00 per battery	Harcourt, Brace, Jovanovich, Inc.
		Avd. Batt. Gr. 7-9 High Sch. Batt. Gr.9-12				
Wide Range Achievement Test (WRAT)	The WRAT is designed as a method to assess reading (word recognition and pronunciation), written spelling and arithmetic computation. Norms - grade equivalents, standard scores and percentiles. Time - 15-30 minutes.	5-adult	Individual	Teacher/ specialist	$8.00	Psych. Corp.
SRA Achievement Series, Thorpe, Lefever & Naslund	Gr. 2-9 subtests in arithmetic, reading, language, arts; gr. 4-9 includes work-study skills subtest. Scored by percentiles & grade/equivalents. Time - 300 minutes in 7 sessions.	Gr. 1-2, 2-4, 4-6, 6-9	Individual or group		Manual, technical supplement, etc. $10 Student tests - 20 copies, $8	SRA Inc.

ADAPTIVE BEHAVIOR/DEVELOPMENTAL

TEST/SYSTEM	DESCRIPTION	AGE/GRADE LEVEL	SETTING	WHO ADMINISTERS	APPROXIMATE COST	PUBLISHER CODE
AAMD Adaptive Behavior Scales P.S. Version	Designed to aid school personnel in obtaining a measure of a child's adaptive behavior and secondarily to suggest those areas of functioning where remediation might be applied. The rating scale may be completed by an individual who is well acquainted with the child.	Gr. 2-6	Individual	Social worker/ teacher/ psychologist others	$8.00	Edmark Assoc.
Behavior Characteristics Progression (BCP)	The BCP contains over 2,400 behaviors grouped into 59 strands. The strands cover skill areas such as: self-help; mobility; visual/motor; language; academic; social; and vocational. Each of the 59 strands is developmentally sequenced beginning with primary behaviors and progresses in small increments to those behaviors considered socially "acceptable." Criterion referenced system.	Birth to adult	Individual	Teacher/ specialist	$20.00	VORT
Cain-Levine Social Competency Scale	The Caine-Levine is a 44-item behavioral interview rating scale designed to estimate the social competence of trainable mentally retarded children. The respondent should be one who is well acquainted with the child such as his mother, teacher or ward personnel. The items are in four subscales: self-help, initiative, social skills and communication. Subscales would be useful in planning & evaluating individual programs.	5-13 yrs.	Individual	Teacher/ specialist		CPP
Callier-Azusa Scale	This scale was designed for multi-handicapped infants and young children, based on the program at the East San Gabriel Valley School for MH children and at the Callier Center for Communication Disorders (Dallas, Tx.). Five areas are included: motor, perceptual, daily living, language and socialization. Specific criteria for scoring are listed, and the specified behaviors are charted as they are observed.		Individual	Specialist		CCCD
Bayley Scales of Infant Development	No predictive validity is reported, but reliability is high and the standardization is well-done, using representative U.S. population, controlled for sex, race, and education of head of household. Identifies age-specific behaviors, emphasizes behavioral observation & suggests curriculum sequences based on mastery. Yields a Mental Development Index and a Psychomotor Development Index.	2 mo.-30 mo.	Individual	Specialist	$88.00	PC

ADAPTIVE BEHAVIOR/DEVELOPMENTAL

TEST/SYSTEM	DESCRIPTION	AGE/GRADE LEVEL	SETTING	WHO ADMINISTERS	APPROXIMATE COST	PUBLISHER CODE
Balthazar Scales of Adaptive Behavior	Two scales are available: Section I measures adaptive and functional behavior, & Section II measures social/adaptation/copying skills. Designed for use with the severely and profoundly retarded. Skill ares measured in Section I are eating, dressing & toileting. Section II includes: unadaptive self-directed behaviors, unadaptive interpersonal behaviors, adaptive self-directed behaviors, adaptive interpersonal behaviors, verbal communication, play, response to instruction, and personal care. The scales depend heavily on direct observation of the subject in his/her natural environment.	CA 5-57	Individual	Specialist		CPP
Alpern-Boll Developmental Profile	The five areas are: physical, self-help, social, academics, and communications. The items are arranged in 6-month intervals from 0-3-1/2 and thereafter in yearly intervals. The format is designed for an interview or to be self-administered by the child's parents.	0-12-1/2 years	Individual	Specialist		PDP
Basic Skills Screening Test	Seven skill areas are included in this device: sensory-motor, visual processing, auditory processing, language, symbolic operations, social-emotional, and work skills. Target behaviors are listed, and an 80% criterion for passing each item is specified.	Elementary	Individual	Teacher		Nebraska SEA
Monterey Pupil Developmental Progress Scale	Available in three levels, this checklist provides a criterion and work-referenced scale of essential skills.	6 mos. - 14 yrs.	Individual	Teacher		Monterey County OE, Sp. Ed. Dept.

TEST/SYSTEM	DESCRIPTION	AGE/GRADE LEVEL	SETTING	WHO ADMINISTERS	APPROXIMATE COST	PUBLISHER CODE
Neonatal Behavioral Assessment Scale	This 9-point rating scale, administered to newborn infants, rates 27 behaviors. The infant's best responses are recorded, and the examiner is instructed to explore what supportive tactics or positions will maximjze responses. An assessment done in the first week of the child's life correlates highly with performance at 8 months and even as high as 8 years.	Newborn infants	Individual	Specialist		JBL
Pa. Training Model - Individual Assessment Guide	This model has four steps: 1) overview of child's skill development, 2) each skill area is broken into fine developmental units, 3) each fine developmental unit is tak analyzed; and 4) objectives and strategies are specified. Skill areas assessed are: sensory, motor, self-care, communication, perceptual-cognitive, and social interaction.	Preschool	Individual	Teacher		PTM
Portage Guide to Early Education	This checklist covers five areas of behavior: cognition, self-help, motor, language and socialization. Items are scored either by observation or interview with the child's parents. The Portage Guide was developed by one of BEH's exemplary early childhood projects.	0-5 yrs.	Individual	Teacher/ trained paraprofessional		PP
Camelot Behavior Checklist	This checklist is composed of 399 items grouped into ten major domains: self-help, physical development, home duties, vocational development, economic behavior, numerical skills, communication skills, social behaviors, independent travel, and responsibility. The items are scored on a "can do" (+) or "needs training" (-) scale, and are measured by direct observation and/or actual testing. Objectives can be developed directly from those items which need training.	Adult	Individual	Teacher/ trained paraprofessional	$9.00	EA
Comprehensive Development Scale Project MEMPHIS	Five developmental skill areas are included in this checklist, scored on a Pass-Fail basis. Ages at which the skills usually occur are listed. The five areas assessed are: Personal-social, gross motor, fine motor, language, and perceptuo-cognitive.	Preschool	Individual	Teacher or trained para-professional		LSI

ADAPTIVE BEHAVIOR/DEVELOPMENTAL

TEST/SYSTEM	DESCRIPTION	AGE/GRADE LEVEL	SETTING	WHO ADMINISTERS	APPROXIMATE COST	PUBLISHER CODE
Developmental Profile by G.A. Alpern, C. 1972	A multi-dimensional inventory of skills designed to assess a child's development. Child's profile consists of 5 skill ages which identify the age level at which child is functioning in the physical, self-help, social, academic and communication areas. Purports to be free of racial, sexual and cultural bias.	Birth - 12 yrs.	Individual	Teacher/ specialist		PDP
Developmental Pinpoints	The goal of this checklist is to list highly specific behaviors which are arranged in a format which tracks each skill over time, rather than following the chronological appearance of skill clusters. Twelve areas are included: fine motor, gross motor, information on body movement, range of motion, receptive language, expressive language, pre-reading, pre-writing, pre-math, music, self-help skills, social.	Preschool or severely handicapped	Individual	Teacher		G&S Inc.
Diagnostic School Ordinal Scales	Based on Piaget's constructs of cognitive development, these scales include: cognitive, speech and language, social-affective, educational, and learning style. Levels of development (emerging, transition, or mastery) are also assessed.		Individual	Specialist		DSNH
Down's Syndrome Assessment Inventory Forms	Subtests of this inventory are divided into six age groups: infant, early preschoo, intermediate preschool, advanced preschool, kindergarten, and primary. Within each age group, skills are broken into gross motor, fine motor, cognitive, language, and readiness.	0-8 yrs.	Individual	Teacher/ specialist		EEU
Koontz Child Development Profile	Strengths of this tool include: 1) The range extends low enough for severely handicapped children. 2) The sample of items at each age level in each behavioral area includes several items. 3) A teacher can use this instrument and get helpful information.	1-48 mos.	Individual	Teacher		WPS

ADAPTIVE BEHAVIOR/DEVELOPMENTAL

TEST/SYSTEM	DESCRIPTION	AGE/GRADE LEVEL	SETTING	WHO ADMINISTERS	APPROXIMATE COST	PUBLISHER CODE
Gesell Developmental Schedules by A. Gesell & Assoc., c. 1956	Clinical method for studying the mental growth of the young child. Assesses motor development, adaptive behavior, language development and personal-social behavior. Subscores & Postural Behavior, Prehensory Behavior, Perceptual Behavior, Adaptive Behavior, Language and Social Benavior.	4 wks. - 6 yrs.	Individual	Specialist		PC
Preschool Attainment Record, Research Edition by E. Doll, v.1966	An expansion of the early age levels of the Vineland Social Maturity Scale. Provides an assessment of physical, social and intellectual functions in a global appraisal of young children. Appropriate for children with or without handicaps. Subscores: ambulation, manipulation, rapport, communication, responsibility, information, ideation and creativity.	6 mo. - 7 yrs.	Individual	Teacher		AGS
Radea	This program covers five main areas: visual perception, auditory perception, perceptual motor, oral language, functional living, and special problems. The instructional program is based on Piaget, in that it progresses from concrete, to representation, to symbolic; 564 developmentally sequenced skills are included.	0-7 yrs.	Individual	Teacher		MBC
Santa Clara Inventory of Developmental Tasks	Areas measured include: motor coordination, visual-motor performance, visual perception, visual memory, auditory perception, auditory memory, and conceptual development.	0-7 yrs.	Individual	Teacher/ specialist		RLZA
System FORE	This criterion-referenced system covers reading, language, and math skills arranged in sequence.	0-16 yrs.	Individual	Teacher		FOREWORKS

TEST/SYSTEM	DESCRIPTION	AGE/GRADE LEVEL	SETTING	WHO ADMINISTERS	APPROXIMATE COST	PUBLISHER'S CODE
Special Education Objective Development Program	This checklist covers six areas: self-help, social, language, academic, motor and leisure time.	Older, severely handicapped students	Individual	Teacher		PPS
TMR Performance Profile for the Severely and Moderately Retarded by A.J. DiNola, B.P. Kaminsky, A.E. Steinfield	This scale was designed to provide performance items prepared to be within the limits of the abilities and typical experiences of the severely retarded. The six major areas include: social behavior, self-care, communication, basic knowledge, practical skills, and body usage. Each major area is subdivided into four topics with 10 sequenced items each.	CA 5-20	Individual	Teacher trained paraprof.		RSC
Uniform Performance Assessment System	UPAS is designed to measure performance in handicapped individuals from birth to the age of marketable vocational skills abilities. Skill areas to be measured include: gross motor, pre-academic, academic, social, self-help, communication, physical fitness, vocational and independent living skills. Follows general sequence of normal development, measures child's performance against ultimate functioning goal.	Birth to age of marketable vocational skills abilities	Individual	Teacher trained paraprof.		EEU
Uzgiris-Hunt Ordinal Scales	Seven scales for assessing an infant's performance, using a coherent sequence of ordered levels based on Piaget, are included: visual pursuit and performance of objects, means for obtaining desired environmental events, development of gestural imitiation, vocation imitation, operational casuality, object relations in space, schemes for relating to objects.	Infants	Individual	Specialist		UIP
Maxfield-Buchholz Scale of Social Maturity for Use with Preschool Blind Children	Revision of the Maxfield-Field Adaption of the Vineland Social Maturity Scale. Areas assessed are: self-help general, self-help dressing, self-help eating, communication, socialization, locomotion, occupation.	Birth - 6 yrs.	Individual	Specialist		AFBInc.

ADAPTIVE BEHAVIOR/DEVELOPMENTAL

TEST/SYSTEM	DESCRIPTION	AGE/GRADE LEVEL	SETTING	WHO ADMINISTERS	APPROXIMATE COST	PUBLISHER'S CODE
The Pupil Rating Scale by H.R. Myklebust, c. 1971	Subscores are: Auditory, comprehension, spoken language, vocabulary, grammar, word recall, storytelling relating experiences & formulating ideas, orientation judging time, spatial orientation, judging relationships and knowing directions; motor coordination, personal-social behavior.	CA7-10	Individual	Specialist		G & S Inc.
Lexington Developmental Scale (LDS)	Developed to assess children in areas of motor, language, personal and social, cognitive, and emotional development.	0-6 yrs.	Individual	Specialist	$5. long form $1.50 short form	UCP
The TARC Assessment System	Subtests of self-help, motor, communication and social skills. Standardized for young children but usable for older severely handicapped children.	3-16 yrs.	Individual	Teacher	$6.00	Edmark
Vineland Social Maturity Scale	This is an informant-interview technique used for the screening and diagnosis of degree or level of social competence. Items are arranged in order of increasing average difficulty in six areas: self-help (general, eating and dressing), self-direction, occupation, communication, locomotion, and socialization. The parent, teacher or counselor scores each of 117 items. Most frequently used with young children.	Birth to adult	Individual	Teacher/ specialist	$2.00	AGS
AAMD Adaptive Behavior Scale for Children and Adults	A behavior rating scale for MR & ED persons. Consists of 110 individual items describing behaviors important in maintaining personal independence in daily living & in fulfilling social expectations of the environment. Part I is organized along developmental lines. Part II measures in 14 domains maladaptive behavior related to personality and behavior disorders.	3 and over	Individual	Social wkr., Psychologist Teacher Nurse & others	$6.00	Edmark

TEST/SYSTEM	DESCRIPTION	AGE/GRADE LEVEL	SETTING	WHO ADMINISTERS	APPROXIMATE COST	PUBLISHER CODE
Denver Developmental Screening Test	This is designed to be a simple, standardized, instrument for the detection of children with serious developmental delays. It may be used by persons with no training in psychological testing. The DDST is composed of 105 items which measure development in four areas: personal-social, fine motor-adaptive, language, and gross motor.	2 wks. to 6 yrs.	Individual	Teacher	$9.00	LPPF
Devereaux Adolescent Behavior Rating Scale	This instrument is designed to collect data on adolescents' overt behavior patterns. Someone well acquainted with the student responds to the rating scale.	13-18 yrs.	Individual	Teacher/ counselor		DFP
Devereaux Elementary School Behavior Rating Scale	This is to be used by elementary classroom teachers. It is oriented toward behaviors that interfere with academic achievement so that appropriate remedial and/or preventive action can be taken early in school.	Gr. 1-6	Individual	Teacher/ counselor		DFP
Learning Accomplishment Profile (LAP)	The LAP is designed to provide the teacher of the young handicapped child with a simple criterion-referenced record of the child's existing skills. Use of the LAP enables the teacher to: identify developmentally appropriate learning objectives for each individual child; measure progress through changes in rate of development; and provide specific information relevant to pupil learning.	Birth-5-1/2 yrs.	Individual	Teacher	$2.00	KSS
YEMR Performance Profile for the Moderately & Mildly Retarded c.1967	An evaluative scale for pupil performance based upon teacher observations. The profile yields a habilitative Index, a numerical indication of the present performance of the individual in daily living activities.	Ages 4-6	Individual	Trained para-professional teacher		RSCEPA

ADAPTIVE BEHAVIOR/DEVELOPMENTAL

TEST/SYSTEM	DESCRIPTION	AGE/GRADE LEVEL	SETTING	WHO ADMINISTERS	APPROXIMATE COST	PUBLIS COD
Adaptive Behavior Inventory for Children (ABIC) (a part of SOMPA)	Seven subscales, 24 items (e.g., family role performance, peer group role performance, student role performance)	Yrs. 5 - 12				PC
Behavior Characteristics Progression Chart (BCP)	More than 50 domains or strands covering a wide range of development.	0 - adult				VORT
Cambridge Assessment Developmental Rating & Evaluation	16 domains (e.g., gross motor development, dressing, fine motor development, self-concept)	0 - adult				CADR
Developmental Evaluation Scale	Six major domains, 16 subsections, (e.g., physical, self-help, maladaptive behavior, communication, social independence)	0 - adult				DCMC
Fairview Behavior Evaluation Battery	Five scales (developmental, self-help, social skills, language evaluation, problem behavior record)	0 - 10 yrs.				FAIR

ADAPTIVE BEHAVIOR/DEVELOPMENTAL

TEST/SYSTEM	DESCRIPTION	AGE/GRADE LEVEL	SETTING	WHO ADMINISTERS	APPROXIMATE COST	PUBLIS COD
Oakwood Resident Movement Scale and Curriculum	77 adaptive behavior areas, 8 subscales (e.g., independent functioning, physical development, economic activity)	0 - adult				BMR
Social and Pre-vocational Information Battery	Nine tests (e.g., purchasing habits, budgeting, job related behavior, home management, hygiene and grooming)	EMR Adolescents				CTB

TEST/SYSTEM	DESCRIPTION	AGE/GRADE LEVEL	SETTING	WHO ADMINISTERS	APPROXIMATE COST	PUBLISHER CODE
Columbia Test of Mental Maturity, 1959 revised ed.	A nonverbal test designed to measure intelligence of handicapped children. The untimed test utilizes perceptive discriminations involving color, shape, size, use, number, kind, missing parts & symbolic material. Subject responds by selecting picture in series which is different or unrelated to others. Each of 100 items has a series of 3 to 5 drawings. Provides mental ages score 3-12. Time 15-20 minutes.	CA 4-12	Individual	Psychological examiner	$35 examiner's kit $1.40 individual records $5.75 carrying case	Harcourt, Brace & World
Culture Fair Intelligence Test (3 scales) (by Cattell)	Scale I is identical with Dartington Scale of Cattell Intelligence Tests. Scale is on 18 tests, each composed of only one item type. 13 of tests drawn from tests in common use. Tests presumably measure g factor. (22-60 min. time). Scale II & III have four subtests: series, classifications, matrices and conditions. Each have Forms A & B. Time: 30 min. each.	Scale I, 4-8 yrs. & MR adults Scale II, 8-13 yrs. & avg. adults Scale III, gr 10-16 & superior adults	Individual	Psychological examiner	Scale I, $10 Scale II $60 Scale III - $10	IPAT
Peabody Picture Vocabulary Test (by Lloyd Dunn)	An untimed test administered in 15 min. or less, consisting of a booklet with 3 practice and 150 test plates, each with 4 numbered pictures. Same booklet is used for both Forms A & B, forms differing only in stimulus word. Total score converted to percentile rank or MA or standard score deviation IQ.	CA 2-1/2 - 18	Individual	Teacher or psychological examiner	$20	AGS
Kuhlman-Anderson Measure of Academic Potential	Purpose of test is to provide a measure of a child's intelligence so that his/her potential may be compared to actual academic performance. Time: 22-50 min.	Gr. 4-7 7-12	Individual	Psychological examiner		PPI

INTELLIGENCE/MENTAL ABILITY

TEST/SYSTEM	DESCRIPTION	AGE/GRADE LEVEL	SETTING	WHO ADMINISTERS	APPROXIMATE COST	PUBLISHER CODE
Henmon-Nelson Tests of Mental Ability - 1973 Revision	Measures academic success using 10 subtests. There are two comparable forms with three scores: quantitative, verbal and total. Time: 30-40 minutes.	A-gr. 3-6 B-gr. 6-9 C-gr. 9-12 D-gr. 13-17	Group	Teacher/ counselor/ psychologist	$5.00 each level	HMC
Hiskey-Nebraska Test of Learning Aptitude	This was originally developed as a test of learning aptitude of the deaf. It was revised in 1955 to include norms and instructions for hearing children. It is frequently used with hearing impaired children or those of foreign background. A trained examiner is necessary as the test utilizes pantomine instructions.	3-16 years	Individual	Psychologist		MH
Leiter International Performance Scale (Leiter & Arthur)	This test evaluates perceptual matching, analogies, memory, etc. The test was developed to serve as a non-language counterpart of the Stanford-Binet. The test can be given entirely without spoken directions and responded to without speech and with a minimal amount of motor actions. Trained examiner necessary. No time limit. Time 30-60 minutes.	2 yrs. to adult	Individual	Psychologist	$375.00	SC
Lorge-Thorndike Intelligence Tests	Two sets are available. Verbal series for grades 4-12 measure scholastic aptitude through six subtests. Nonverbal series for grades K-12 measure abstract reasoning ability through 3 subtests. The nonverbal series uses items which are either pictorial or numerical. Time 40-50 minutes.	Grades 4-12 Grades K-12	Group	Teacher/ counselor/ psychologist	$5 - $6 per level	HMC
Otis-Lennon Mental Ability Test	This provides for the assessment of general mental ability, or scholastic aptitude including classification, following directions, verbal conceptualizations, and reasoning by analogy. The test is primarily a measure of verbal ability. No reading is required.	Grades K-12	Group	Psychological examiner	$7.70	HJB

INTELLIGENCE/MENTAL ABILITY

TEST/SYSTEM	DESCRIPTION	AGE/GRADE LEVEL	SETTING	WHO ADMINISTERS	APPROXIMATE COST	PUBLISHER CODE
Stanford-Binet Intelligence Scales	Measures global or general intelligence. Verbal test. No reading skills involved. Trained examiner necessary. Time 30-90 minutes.	2 yrs. to adult	Individual	Psychological examiner	$65.00	HMC
Wechsler Adult Intelligence Scale (WAIS)	Uses verbal and performance tasks to assess intelligence. Trained examiner necessary.	16-adult	Individual	Psychological examiner	$28.00	PC
Wechsler Intelligence Scale for Children - Revised (WISC-R)	Uses verbal and performance tasks to assess intelligence of children. 10 subtest and two alternative tests. Trained examiner necessary. Time 40-60 min.	5-15 yrs.	Individual	Psychological examiner	$35.00	PC
Wechsler Preschool and Primary Scale of Intelligence (WPPSI)	The WPPSI is, in a sense, a downward extension of the WISC and is also designed to assess a child's global intelligence. It is similar in many ways to the other Wechsler Scales. It results in Verbal, Performance and Full Scale IQ scores. It contains five verbal and five performance subtests. Some of the subtests and items have been adapted from the WISC for use with younger children. Trained examiner necessary. 50-75 min.	4-6-1/2 yrs	Individual	Psych. examiner	$29.00	PC
California Psychological Inventory	Provides 18 scores: dominance, capacity for status, sociability, social presence, self-acceptance, sense of well-being, responsibility, socialization, self-control, tolerance, good impression, communality, achievement via conformance, psychological-mindedness, flexibility and femininity. (45-60 min.)	13-adult	Group	Psychologist	$10	CPP

INTELLIGENCE/MENTAL ABILITY

TEST/SYSTEM	DESCRIPTION	AGE/GRADE LEVEL	SETTING	WHO ADMINISTERS	APPROXIMATE COST	PUBLISHER CODE
California Test of Personality (4 scales)	Provides 16 scores: self-reliance, sense of personal worth, sense of personal freedom, feeling of belonging, withdrawing tendencies, nervous symptoms, total personal worth, social standards, social skills, anti-social tendencies, family relations, school relations, occupation relations, community relations, total social adjustment and total adjustment. Time 45-60 minutes.	K-3, 4-8, 7-10, adult	Individual K-3 Group 4 & over	Teacher/ counselor/ psychologist	$10 per level	CTB
Purdue Non-language test	Geometric forms are used to measure mental ability to insure the method is culture-fair. This enables the mental ability of persons of different cultural and educational backgrounds to be indicated. Time 1-15 minutes.	CA 15-adult	Individual	Psychologist		UBS
SRA Tests of General Ability, Non-verbal form School edition	This test provides a short, non-verbal, quickly scored test of general intelligence. May be especially useful for students with reading difficulties or foreign students.	CA 14-19	Individual	Psychologist		SRAI
Thurstone Primary Mental Abilities	This test provides measures of general intelligence and four specific factors of intelligence to determine a pupil's strengths and weaknesses.	CA-5-adult	Individual	Psychologist	Technical report $2 Specimen set - $10 Tests (1-19 pk) per gr. $7	SRA

MATHEMATICS

TEST/SYSTEM	DESCRIPTION	AGE/GRADE LEVEL	SETTING	WHO ADMINISTERS	APPROXIMATE COST	PUBLISHER CODE
Basic Educational Skills Inventory (Math) (BESI)	Used to assess specific sequential math skills (K-6). Taps ten skill areas in Level A. Level B assesses fundamental processes skills. Criterion-referenced test.	Grades K-6	Individual	Teacher	$45.00	WIN
Diagnosis: An Instructional Aid - Mathematics	Level A (grades 1-4) and level B (grades 4-6) evaluate specific weaknesses in mathematics and refer teacher to multitest, multimedia, prescriptions for remediation. Criterion-referenced test.	Grades 1-4, Level A Grades 4-6, Level B	Individual	Teacher	$55.00 (A) $60.00 (B)	SRA
Fountain Valley Teacher Support Systems	A criterion-referenced test to diagnose individual deficiencies in (1) numbers and operations, (2) geometry, (-) measurement, (4) application, (5) statistics, (6) sets, (7) functions and graphs, (8) logical thinking, and (9) problem-solving. Pre and post tests and reteaching prescriptions are provided.	Grades 1-8	Individual	Teacher	$139.00	HMC
Keymath Diagnostic Arithmetic Test	This is designed to provide a diagnostic assessment of mathematic skills beyond the four fundamental computation processes. The 14 subtests are organized into three major areas: content, operations, and applications. Each subtest contains items arranged in order of increasing difficulty.	0.9-9.5 Grades K-8	Individual	Teacher/ specialist	$23.85	AGS
Wisconsin Contemporary Test of Elementary Mathematics	This test tests math facts and concepts.	Gr. 3-6	Individual	Teacher		PPI

TEST/SYSTEM	DESCRIPTION	AGE/GRADE LEVEL	SETTING	WHO ADMINISTERS	APPROXIMATE COST	PUBLISHER CODE
Individual Pupil Monitoring System	Evaluates math skills for grades 1-8. Components are sold separately; price is per grade level. Criterion-referenced system.	Grades 1-8	Individual	Teacher	$139.00	HMC
Prescriptive Math Inventory	Measures student mastery of math objectives commonly taught in grades 4-8. Prices by levels. Criterion-referenced.	Grades 4-8	Individual		$14.40 - A $23.50 - B $23.50 - C	CTB
Project Math	Multiple option testing/teaching system which enables teacher to match teaching and learner modes to achieve best instructional option for child. Covers six areas: patterns, sets, numbers, fractions, geometry and measurement. Criterion-referenced.	Preschool-6th grade	Individual	Teacher	$238.50 complete program Level A	EDP
Stanford Diagnostic Arithmetic Test	This is designed to identify and diagnose specific weaknesses in arithmetic. The focus is on an understanding of properties of the number system and on computation.	Grades 1-12	Individual	Teacher	$21.00 - $30.00	HBJ
Individualized Criterion-Referenced Testing	Eight levels cover 312 objectives from matching items to a probability problem.	Grades K-8	Individual	Teacher		EDC

TEST/SYSTEM	DESCRIPTION	AGE/GRADE LEVEL	SETTING	WHO ADMINISTERS	APPROXIMATE COST	PUBLISHER CODE
Sign Posts and Check Points	Behavioral objectives covering rote counting through ratio, proportion and percent.	Grades K-Algebra	Individual	Teacher		Dept. of Public Inst., SD
McGraw-Hill Mathematics Inventory	To determine student mastery for 351 instructional objectives in math.	Grades 4-8	Individual	Teacher		CTB McGraw-Hill
McGraw-Hill Contemporary Mathematics Test	A supplement to the California Achievement Test designed to estimate knowledge and understanding of concepts in modern math programs.	Grades 3-12	Individual	Teacher		CTB McGraw-Hill
Objectives-Based Test Collection c. 1973 Math: Geometry, Measurement, Numeration & Relation, Operations & Properties	A series of 4 criterion-referenced tests designed for use in program coordination and individual diagnosis. Each collection of measures consists of approx. 40 tests, each of which are keyed to explicitly formulated instructional objectives. All tests available in two comparable forms.	K-6	Individual	Teacher		IOE
Prescriptive Mathematics Inventory by John Gessel c. 1972	Designed to provide prescriptive information concerning students' mastery of specific mathematics objectives. Items cover basic operations. Test available in four separate but overlapping levels. References to math, materials and learning activities corresponding to specific objectives are provided.	Preschool to Gr. 4 (non-handicapped) Preschool to Jr. Hi. (Handicapped	Individual	Teacher		CTB

TEST/SYSTEM	DESCRIPTION	AGE/GRADE LEVEL	SETTING	WHO ADMINISTERS	APPROXIMATE COST	PUBLISHER' CODE
Tests of Achievement in Basic Skills - Mathematics, Level [illegible] James Young & Robert Knapp c. 1970-71	Designed to determine achievement through the operational assessment of specified educational objectives. Skills in basic operations are measured in Arithmetic Skills subtest. Other subtests are the Geometry-Measurement-Application and the Modern Concepts subtests.	Gr. 7-9	Individual	Teacher		EITS
Patterson Recognition Skills Inventory	Inventory consisting of 96 total tasks related to math readiness, reasoning ability, abstract conceptualization and language development. It includes 4 sets of 24 tasks; all sets are equivalent. Subject takes only one set. Other sets can be used for progress checks. Time: 20 minutes.	Preschool to Gr. 4 (nonhandicapped) Preschool to Jr. Hi. (Handicapped)	Individual	Teacher		HBSC

PHYSICAL EDUCATION/RECREATION/PERCEPTUAL MOTOR

TEST/SYSTEM	DESCRIPTION	AGE/GRADE LEVEL	SETTING	WHO ADMINISTERS	APPROXIMATE COST	PUBLISHER CODE
Basic Motor Abilities Test for Retardates	Measures such areas as arm-hand steadiness, reaction time, manual dexterity, static strength, etc. Results might be useful in assigning MR subjects to adaptive training programs	All grades	Individual or group	Teacher		AIR
Centennial Athletic Testing Program	Test items are designed to stimulate participation, fitness and skill. May be administered to moderately and mildly handicapped students. Minimum equipment needed.	Ages 4 and up	Individual or group	Teacher or aide		CARC
Early Detection Inventory	Test identifies children with potential problems in a variety of social, emotional and physical areas and offers guidelines for curriculum planning. It is a basic screening device designed for preschool and early primary.	Ages 3-8	Individual	Teacher (parent accompanies child)		Follett
Evaluation Test for Trainable Mentally Retarded Children	Designed to assess functioning level of child in motor development, activities of daily living, and social development. Aids in placement, establishing goals, diagnostic information and evaluating child's level of development and progress.	Early primary grades	Individual	Teacher		UNC
Fitness Screening Test	Ideal for screening and can easily be administered at beginning of each school year in less than 5 minutes. Test identifies those who need special or additional emphasis on fitness.	All primary	Group	Teacher		Croft

PHYSICAL EDUCATION/RECREATION/PERCEPTUAL MOTOR

TEST/SYSTEM	DESCRIPTION	AGE/GRADE LEVEL	SETTING	WHO ADMINISTERS	APPROXIMATE COST	PUBLISHER CODE
Movement Pattern Checklist	Used for evaluating basic skills such as walking, running, jumping, hopping, hitting, pulling, etc. Evaluations based on deviations noted and should be of help to educational programmers.	Preschool, kindergarten through fourth	Group	Physical education teacher	$.75	U of Ill.
Oseretsky Tests of Motor Proficiency	This test evaluates motor capacity and classifies and measures the inadequacies of this functioning. It covers general static coordination, dynamic coordination of the hands, general dynamic coordination, motor speed, simultaneious voluntary movements, and synkinesia.	4-16 years	Group or individual	Trained examiner	$28.00	AGS
Youth Fitness Test	Measures agility, speed, leg power, cardiorespiratory endurance, arm-shoulder endurance. Norms provided.	All grades	Individual or group		$2.50	AAHPR
Fiorentino	Reflext testing methods for evaluating CNS development. Provide guidelines for looking at reflexive behaviors in children. Photographic examples are included within the text of normal and abnormal development.					
Cerebral Palsy Assessment Chart	Chart from which the CP child's postural control may be assessed for the purpose of rehabilitative planning. The level which should next be emphasized is indicated in the scale.					PTJ

TEST/SYSTEM	DESCRIPTION	AGE/GRADE LEVEL	SETTING	WHO ADMINISTERS	APPROXIMATE COST	PUBLIS COD
Peabody Developmental Motor Scales	An instrument for use in assessing gross and fine motor.	0 - 7 yrs.				IMRID
Training the Developmentally Young Fokes, Stephens, W.B.	Provides height, weight and characteristic behaviors of children of each level assessed. Assesses skills of upper and lower extremities, such as locomotion, climbing, jumping, balance, reach, grasp, release, manipulation, throwing, writing and perceptual-motor abilities.					JD

TEST/SYSTEM	DESCRIPTION	AGE/GRADE LEVEL	SETTING	WHO ADMINISTERS	APPROXIMATE COST	PUBLISHER'S CODE
Basic Educational Skills Inventory Reading (BESI)	Criterion-referenced test used to inventory specific sequentially presented tasks in reading. Assesses readiness, phonetic and structural analysis, word attack skills, etc.	Gr. K-6	Individual	Teacher	$35	WIN
Diagnosis: An Instructional Aid	Level A (1-4) and Level B (3-6) both evaluate student weaknesses in reading and refer the teacher to a multitext, multimedia prescription for remediation. Criterion-referenced test.	Gr. 1-6	Individual	Teacher	$109/Level A $80/Level B	SRA
Diagnostic Reading Scales (SPACHE)	Test designed to assess oral and silent reading skills and auditory comprehension. Pinpoints deficiencies that interfere with reading ability and indicate instructional, independent and potential level of reading.	Gr. 1-8 Slow readers Gr. 9-12	Individual	Teacher/ specialist	$10 for set of 35	CTB
Fountain Valley Teacher Support Systems	Evaluates phonetic analysis, structural analysis, vocabulary development and comprehension. Criterion-referenced systems.	Grades 1-6	Individual	Teacher	$600	ZWE
Wisconsin Design Comprehension Skills	Assesses comprehension skills at seven levels. Available in spirit masters and machine scorable booklets. This is a criterion-referenced test.	Gr. K-6	Group	Teacher	$15-18/ spirit masters $16-$19.50/ 35 booklets	NCS

TEST/SYSTEM	DESCRIPTION	AGE/GRADE LEVEL	SETTING	WHO ADMINISTERS	APPROXIMATE COST	PUBLISHER' CODE
Gates-MacGinitie Reading Tests	The purpose of this test is to assess the ability to recognize or analyze isolated words and ability to read and understand whole sentences and paragraphs. There are five different levels which test various areas. Each level has form 1 and form 2, for a pretest-and posttest. Time 40-60 min.	Grade 1-12	Group	Teacher/ specialist	$5.60	TCP
Gates-McKillop Diagnostic Tests	Details specific deficiencies in reading performance. It tests oral reading, word perception, phrase perception, blending word parts, giving letter sounds, naming letters, recognizing visual form of sounds, auditory blending, spelling, oral vocabulary, syllabication, and auditory discrimination. Untimed.	Grades 2-6	Individual	Teacher/ specialist		TC
Gilmore Oral Reading Test	This test was designed to measure three aspects of oral reading: accuracy, comprehension and rate. The Accuracy Subtest score measures fluency and accuracy of word recognition. Time 15-20 min.	Grades 1-8	Individual	Teacher/ specialist		HBJ
Gray Oral Reading Test	This test was designed to measure oral reading growth and to aid in the diagnosis of oral reading difficulties. Thirteen passages of increasing levels of difficulty are provided. Four forms are available to allow for repeated testing. No time limit, 3-10 min.	Gr. 1-12 and adults	Individual	Teacher/ specialist	$35 for manual $1.60 for reading booklet $3.20 for record books	BMC
Individualized Criterion-Referenced Testing (ICRT)	Testing/teaching system based on a set of 329 sequential skills in reading. Objectives listed correlate to instructional resources and series. Eight levels covering range of reading skills; five items per objective in pre and post tests.	Grades K-8	Individual		$60/level	EDP

TEST/SYSTEM	DESCRIPTION	AGE/GRADE LEVEL	SETTING	WHO ADMINISTERS	APPROXIMATE COST	PUBLISHER CODE
Wisconsin Design Word Attack	Assesses word attack skills at elementary school level. Available in spirit masters or machine scorable booklets. There are four levels. Criterion-referenced test.	Gr. K-6	Group	Teacher	$11-$16/ spirit masters $16-$19.50/ 35 booklets	NCS
Wisconsin Design Word Attack (revised for exceptional children)	Revision includes previously listed word attack tests and a materials and methods system designed for the exceptional learner. Criterion-referenced test.	Gr. K-adult	Group	Teacher	$150 including word attack tests and support materials	NCS
Wisconsin Design Study Skills	Assesses study skills. Available in spirit masters or machine scorable booklets. Seven levels. Criterion -referenced test.	Gr. K-6	Group	Teacher	$6-$28/ spirit masters $9-$27/35 booklets	NCS
Woodcock Reading Mastery Test	Assesses reading skills in five areas: letter identification, word identification, word attack, word comprehension, passage comprehension. Criterion-referenced test.	Gr. K-12	Individual	Teacher/ specialist	$20.50 Forms A & B	AGS
Individual Pupil Monitoring System	Evaluates word attack, vocabulary and comprehension, and discrimination study skills. Components sold separately, but price is for total. Criterion-referenced test.	Gr. 1-6	Individual	Teacher	$194.00	HMC

TEST/SYSTEM	DESCRIPTION	AGE/GRADE LEVEL	SETTING	WHO ADMINISTERS	APPROXIMATE COST	PUBLISHER CODE
Instructional Objective Exchange: Objectives Collection in Reading	Consists of a number of instructional objectives based upon curricular materials and poll of items to assess the attainment of the objective. Content areas include study skills, word recognition and comprehension.	Gr. K-3	Individual	Teacher		IDE
Murphy-Durrell Reading Readiness Analysis	Measures auditory and visual discrimination. Three subtests are included: phonemes, letter names and learning rate.	Gr. 1	Individual	Teacher/ specialist		HBJ
Prescriptive Reading Inventory c. 1972, by E. M. Layman	Criterion-referenced test. Measures student mastery of reading objectives. Areas covered are recognition of sound and symbol, phonic analysis, structural analysis, translation, literal comprehension, interpretative and critical comprehension. Prices for five levels.	Gr. 1-6	Individual	Teacher	$18.30/each of first 3 levels. $8.30/4th level $10.60/5th level	CTB
Silent Reading Diagnostic Tests	These tests are designed to help the classroom teacher analyze specific silent reading abilities. There are 8 subtests including: words in isolation, in content, visual-structural analysis, syllabication, word synthesis, beginning sounds, ending sounds, vowel and consonant sounds.	Gr. 2-6	Group	Teacher		LC
Davis Reading Test	Assesses the reading comprehension and skills of individuals and groups. Provides scores for comprehension and speed of comprehension. Time 40-55 min.	Gr. 8-adult	Individual/ Group	Teacher		TPC

TEST/SYSTIM	DESCRIPTION	AGE/GRADE LEVEL	SETTING	WHO ADMINISTERS	APPROXIMATE COST	PUBLISHER CODE
Durrell Analysis of Reading Difficulty (New Ed)	Consists of 13 subtests in which teacher may observe different aspects of a student's and recognition and comprehension skills in detail. Subtests cover oral reading, silent letters, listening comprehension, word recognition and word analysis, naming letters, identifying letters, visual memory of words, hearing sounds in words, learning to hear sounds in words, learning rate, phonic spelling, etc. Time 30-90 min.	Gr. 1-6	Individual	Teacher/ specialist	$8.00	HBJI
Gray Standardized Oral Reading Check Tests	Includes four grade levels. Measures pupil progress in rate and accuracy in oral reading. Determines specific nature of problems of poor readers and what can be done to correct these difficulties. Time - 1-3 mins.	Gr. 1-8	Individual	Teacher/ specialist		BMPC
Gray Standardized Oral Reading Paragraphs Test	Measures rate and accuracy of oral reading. Records all errors and hesitations. Emphasizes the process rather than end product of reading. Observations include word-by-word reading, poor phrasing, lack of expression, monotonous tone, finger pointing, loss of place, method of word attack. Time 3-8 min.	Gr. 1-8	Individual	Teacher/ specialist		AGS
Stanford Diagnostic Reading Test	Should be administered in three sessions. To determine strengths and weaknesses in reading comprehension, vocabulary, syllabication, beginning and ending sounds, auditory skills, phonetic analysis and rate of reading. Time 90-120 min.	Gr. 2-8	Individual	Reading specialist		HBJI
Reading Progress Scale by R.P. Carver, c. 1970-71	Criterion-referenced test designed to measure reading-input performance. The process by which graphic symbols contained in reading material are decoded or translated into a form which can be stored or understood. Provides reading level scores indicating highest level of material difficulty an individual can read.	Gr. 3-16 & adults	Individual	Teacher		REVRAC

TEST/SYSTIM	DESCRIPTION	AGE/GRADE LEVEL	SETTING	WHO ADMINISTERS	APPROXIMATE COST	PUBLISHER CODE
Iowa Test of Basic Skills	To measure vocabulary, reading, comprehension, language, word study and math skills.	CA 8-15	Group	Teacher		HMC
Iowa Silent Reading Tests	An elementary battery of tests testing silent reading in the areas of rate, comprehension, word meaning, sentence meaning, paragraph comprehension, selection of key words. No time reported.	Gr. 4-8	Individual	Teacher		HBJI
McCullough Word Analysis Test	To test word analysis skills.	CA 9-13	Individual	Teacher/ specialist		HBJI
Nelson-Denny Reading Test (Rev. Ed.)	Probably predicts success in college, classifies incoming colleges or high school classes and detects reading difficulties. Test provides a measure of reading ability through vocabulary and comprehension. Time 30 min.	Gr. 9-16	Individual	Teacher/ specialist		HMC
Clymer-Barrett Prereading Battery	Measures skills essential to learn to read. Subtest covers areas visual discrimination, auditory discrimination and visual-motor coordination. Time 30 min.	5-7 yrs.	Individual	Teacher		PPI

TEST/SYSTEM	DESCRIPTION	AGE/GRADE LEVEL	SETTING	WHO ADMINISTERS	APPROXIMATE COST	PUBLISHER CODE
Lee-Clark Reading Readiness Test	Test identified children who are ready to receive reading instruction. Three areas are covered: the ability to note similarities and differences in letter forms, vocabulary and concepts, and the ability to match letters with letters and words with words. Time 20 min.	K-1	Group	Teacher		CTB/McGH
Metropolitan Readiness Test	Measures ability in word meaning, listening, letter recognition, picture matching, numbers and copying. Aids in grouping children to determine when reading and arithmetic instruction should begin. Time 1 hr.	K-1	Group	Teacher		HBJI
Pre-Reading Screening Procedures	Identifies children who make errors in perception and recall of language symbols. Scores in visual discrimination, visual perceptual memory, copy, auditory discrmination and letter knowledge. Time 40 min.	K-1	Individual	Teacher		EPS
The Instant Word Recognition Test by E. Fry, c. 1971	Criterion-referenced test to measure sight recognition of the Instant words in order to determine the starting point in teaching Instant Words, a graded high-frequency reading vocabulary. May be used to determine general reading achievement for group placement.	Gr. 1-4	Individual/ Group	Teacher		ESI
Oral Reading Criterion Test for Determining Independent and Instructional Reading Levels by E. Fry, 1971	Consists of 10 paragraphs, covering the range of difficulty, to be read aloud. Simple primer material is lowest level on test and highest level is representative of popular adult & nontechnical secondary reading levels. Includes a chart to determine reading level of selected instructional materials. Untimed.	Gr. 1-7 & adults	Individual	Teacher		DESI

TEST/SYSTEM	DESCRIPTION	AGE/GRADE LEVEL	SETTING	WHO ADMINISTERS	APPROXIMATE COST	PUBLISHER CODE
Phonics Criterion Test of 99 Phoneme Grapheme Correspondences by E. Fry, 1971	Uses nonsense syllables to determine areas of difficulty in phonics. Test covers easy consonant, short vowels, long and silent vowels, difficult consonants, consonant digraphs, consonant second sounds, schwa sounds, long vowel digraphs, vowel plus r, broad o, dipthongs, difficult vowels, consonant blends and consonant exceptions. 99 items.	Gr. 1-3	Individual	Teacher		DESI
Classroom Reading Inventory by N.J. Silvaroli c. 1965	A diagnostic tool to identify specific word recognition errors, to test comprehension, to determine instructional level and to determine child's ability to integrate and express letter-form, letter-sound skills. Time 15 min.	Gr. 2-8	Individual/ group	Teacher		WCBC
Adult Basic Learning Examination	To determine general educational levels of adults who have not completed the 8th grade by measuring vocabulary, reading, spelling and math.	Adults with achievement levels, grades 1-12	Individual	Teacher		HBJI
Adult Basic Reading Inventory	Sight words; sound and letter discrimination, word meaning, listening, context reading.	Functionally illiterate adults and adolescents	Individual	Teacher		STS
Botel Reading Test by M. Botel, c. 1962	To determine instructional, independent, and frustration reading levels. Consists of a word recognition test which measures oral reading, a word opposites test which gives an estimate of comprehension and a phonics mastery test to determine word attack skills. Untimed.	Gr. 1-12	Individual	Teacher/ specialist	Examiners Kit-$3.00 Inventory sheets-$1.35 18 sets of 35/pkg.	FOL

TEST/SYSTEM	DESCRIPTION	AGE/GRADE LEVEL	SETTING	WHO ADMINISTERS	APPROXIMATE COST	PUBLISHER CODE
California Achievement Tests, Level IV, V	Reading (vocabulary, comprehension) mathematics, (computation, concepts, problems), language (mechanics, usage, structure, spelling).	Level IV-Gr. 6-9, Level V-Gr. 9-12	Individual	Teacher		CTB/McGH
Diagnosis: An Instructional Aid - Reading	Diagnosis specific weaknesses in reading: vocabulary comprehension, rate of reading, word attack skills. Probes also list the learning objectives tested and a reference to Prescription Guide. This guide tests location of related instructional material and exercises in major reading textbooks and workbooks.	Level A-Gr. 1-4, Level B-Gr. 3-6	Individual	Teacher		SRAInc
Durrell Listening-Reading Series	Series of tests for use in primary, intermediate and jr. H.S. Instrument consists of a reading test and a parallel listening test that measures understanding of spoken word. Time 70-90 min.	Gr. 1-9	Individual/group	Teacher/specialist		HBJI
Harrison-Stroud Reading Readiness Profile Revised 1956	Diagnostic (Criterion referenced) Test which is highly prescriptive, has strong content validities, facilitates specific teaching strategies.	Gr. 1 & 3	Individual	Teacher/specialist		HMC
High Intensity Learning Test	Criterion-referenced measurement of word study skills, comprehension, and vocabulary.	Gr. 1-high school	Individual	Teacher		Random H.

TEST/SYSTEM	DESCRIPTION	AGE/GRADE LEVEL	SETTING	WHO ADMINISTERS	APPROXIMATE COST	PUBLISHER CODE
Metropolitan Reading Tests	Includes 4 levels and yields 3 scores; word knowledge, word discrimination and paragraph comprehension. Time 60 min.	Gr. 2-9	Individual	Teacher/ specialist		HBJI
Delco Readiness Test by W.M. Rhoades, c. 1970	Criterion-referenced measure designed to provide an indication of readiness for beginning reading instruction. Eye-hand coordination, small muscle control and left-right discrimination are assessed by Visual-Motor subtest. Visual Discrimination subtest determines ability to v.d. designs and symbols. Supplementary assessment devices, behavioral objectives, teaching strategies & readiness tasks are presented.	K-1	Individual	Teacher		DRT
Carver-Darby Chunked Reading Test by Carver & Darby, c. 1970	Criterion-referenced test designed to measure an individual's nformation processing and storage behavior during reading. Yields three scores - efficiency, accuracy and rate - which are analyzed together.	Gr.7-16 & adults	Individual	Teacher		AIR

SCREENING INSTRUMENTS

TEST/SYSTEM	DESCRIPTION	AGE/GRADE LEVEL	SETTING	WHO ADMINISTERS	APPROXIMATE COST	PUBLISHER CODE
A Basic Screening & Referral Form for Children with Suspected Learning & Behavioral Difficulties	This device is designed to survey social-personal; conceptual-cognitive; language; motor behaviors; direction skills of students. Problem descriptions can be written in the booklet; behaviors are rated from 0-2 (no concern to primary concern). Normative data for rating scales is not provided. 1-1-1/2 hrs.	5-8 8-10 10-12	Individual	Teacher	Specimen set - $1 25 sets $10.50	FP
Academic Readiness Scale (by Harold Burks)	These 5-point scales test readiness for first grade in the areas of motor; perceptual-motor; attention; academic; social behavior; and provide a profile of skill level. Test items have moderate to high predictive validity. Estimated administration time is 20-25 minutes per child.	K-1	Individual	Teacher		AP
Behavioral Index of Communicative Disorders by F. Stewart and F. Vasa	This instrument is a developmentally based, behaviorally oriented informal tool designed to assist in the initial identification of learning and behavior strengths and weaknesses. Behavior is measured in 9 categories: language; reading; math; emotional; etc. There are a total of 150 items. Administration & scoring is simple; testing requires 40 minutes per student. Test appears suitable for elementary grades. A Teacher Activity Code sheet which allows the teacher to make note of various intervention activities tried and the amount of time spent in each is included.	K-6	Individual	Teacher		CRSP
Classroom Inventory for Teacher Estimates for Special Service (CITES, by Calvin C. Nelson)	Designed as a class rating device for school-wide screening, this instrument lists 12 behavioral categories with sample descriptors. The teacher rates all students on a scale from 0 (does not require sp. serv. to 2 (requires immediate attention). CITES is most appropriate at the elementary level.	K-6	Individual	Teacher		SBCS

SCREENING INSTRUMENTS

TEST/SYSTEM	DESCRIPTION	AGE/GRADE LEVEL	SETTING	WHO ADMINISTERS	APPROXIMATE COST	PUBLISHER'S CODE
DIAL (by Carol Mardell and Dorothea Goldenberg)	This screening test is for identifying prekindergarten children with potential learning problems. 6-8 children can be screened per hour. Four areas of functioning are assessed: gross motor; fine motor; concepts; communications. The test was normed on a population of 4400 children.		Individual	Professionals or trained para-professionals		DIAL
First Grade Screening Test by J.E. Pate & W.W. Webb	This is a group test designed at the first grade level. The test yields a single, composite score; a cutting score divides the group of scores into two; children who score at or below the cutting score should be considered for more indepth assessment. Time 30-40 minutes.	K-1	Group	Teacher	$16.50	AGS
Individual Learning Disabilities Classroom Screening Instrument John Meier, V.O. Cazier, Marian Giles	This scale is designed to identify elementary school students potential learning handicaps. A total of eighty items provide indices of the child's functioning in areas such as: auditory perception; visual perception; sequential memory; social-emotional. Pupil work samples are also scored. Student behaviors are rated on a 4 point scale (unobserved to severe); cut-off scores for each area of behavior are suggested. Specific remedial suggestions are offered.	K-6	Individual	Teacher		LPI
Pupil Behavior Rating Scale by Nadine Lambert, U of C, Berkeley	Designed as a classroom screening device, this scale consists of 31 non-intellectual behavioral attributes; each student is assigned a unique score on each attribute, relative to others in the class. Scores can be combined, yielding a composite score for each student. The purpose is to identify children requiring further attention; no cut-off criteria are provided.		Individual	Teacher		U of C
Screening Checklist for Classroom Teacher	This checklist is organized into the following areas; discrepancies (better in math than reading); auditory difficulties; visual difficulties; kinesthetic or motor difficulties; behavior symptoms. Items appear appropriate for the elementary level and use of the form to accompany a referral statement would be very appropriate.	K-1	Individual	Teacher		U of P at PMC

TEST/SYSTEM	DESCRIPTION	AGE/GRADE LEVEL	SETTING	WHO ADMINISTERS	APPROXIMATE COST	PUBLISHER CODE
Teacher Rating Scale for the Identification of Handicapped Children	11 separate scales sampling a wide range of problem areas (social; academic; emotional, etc.) are included in this scale. The individual student is rated on 75 items; "1" = "does not exhibit; "5" = consistently exhibits. Scores are obtained on each of the 11 scales; estimated administration time is 20-40 minutes per child.	K-8	Individual	Teacher		Az. SEA
Walker Problem Behavior Identification Checklist (by H. Walker)	This checklist can be used as a screening for identification or to accompany a referra it contains 50 items which sample behaviors such as acting out; immaturity; distractability; withdrawal, etc., and yields raw scores, "T" scores for each area as well as a total score. Cut-off scores are provided. Administration takes approximately 30 minutes.		Individual	Teacher		WPS
Basic Concept Inventory	A criterion-referenced measure for the culturally-different, slow-learners, emotionally disturbed & mentally retarded. Scores in basic concepts, statement repitition and comprehension, and pattern awareness to provide information about the lack of specific skills. Educational strategies included. Time 15-25 min.	3-10 yrs.	Individual	Teacher		FOL
Denver Developmental Screening Test	This standardized test detects children with serious developmental delays. It covers four functions: gross-motor, language, fine motor adaptive and personal-social. Time 15-20 min.	2 wk. - 6 yrs.	Individual	Paraprof.		LPPF
Minnesota Preschool Scale	Test uses verbal comprehension & memory tests to arrive at a verbal score. It also includes a non-verbal scale that measures form recognition, tracing, picture completion, block building and simple puzzle skills. Time 10-30 minutes.	1-6 yrs.	Individual	Paraprof.	Complete set - $45 Specimen set $3.80	AGS

SCREENING

TEST/SYSTEM	DESCRIPTION	AGE/GRADE LEVEL	SETTING	WHO ADMINISTERS	APPROXIMATE COST	PUBLISHER'S CODE
Vallet Developmental Survey of Basic Learning Abilities	Assesses basic learning abilities for a record of growth and for diagnosis. 233 tasks, selected from many scales, are arranged into seven ability areas; motor integration & physical development, tactile, auditory & visual discrimination, visual-motor coordination, language development & verbal fluency; and conceptual development.	2-7 yrs.	Individual	Teacher		CPP

SPEECH/LANGUAGE/AUDITORY PERCEPTION

TEST/SYSTEM	DESCRIPTION	AGE/GRADE LEVEL	SETTING	WHO ADMINISTERS	APPROXIMATE COST	PUBLISHER'S CODE
Assessment of Children's Language Comprehension (ACLC)	No data on reliability of norms. ACLC designed to define receptive language difficulties and to indicate guidelines for correction of language words combined into 2-, 3-, & 4- element phrases. No oral responses required from child who points to an appropriate picture in response to a word or phrase from examiner. Time - 10-15 min.	2-6 yrs.	Individual	Specialist	$9.75 specimen set $9 pictures $2.25 manual $1.25 for 25 record sheets	CPP
Communication Evaluation Chart from Infancy to Five Years	No manual, nor data on reliability and validity. Norms based on other tests. Chart is a screening device. From 12-15 items given for ages 3 mos., 6 mo. 9 mo., 1 yr., 1-1/2 yrs., 2 yrs., 3 yrs., 4 yrs., & 5 yrs. Essentially a checklist of items categorized by age.	0-5 yrs.	Individual	Para-professional/ Teacher	$.25 per chart - 4 charts	EPC
Merrill-Palmer Language Scale	This scale measures receptive and expressive language abilities and articulation. It provides age equivalent scores for auditory comprehension, verbal ability and overall language ability.	1 yr. 6 mo. to 7 yrs.	Individual	Specialist		CHSC
Preschool Language Scale by Zimmerman	Scale assigned to detect language strengths and deficiencies. Consists of two main parts: auditory comprehension and verbal ability. Includes a supplementary articulation section. Developmental ages given. An auditory comprehension quotient and a verbal ability quotient can be derived.	1 - 6 yrs.	Individual	Specialist		CEMPC
Goldman-Fristoe-Woodcock Test of Auditory Discrimination	This is designed for the purpose of identifying and assessing the child's ability to distinguish among speech sounds. The measurement takes place during both quiet and noisy conditions by means of prerecorded tapes. Time - 10-15 min.	Ages 4 & up	Individual	Teacher/ specialist	$23.00	AGS

SPEECH/LANGUAGE/AUDITORY PERCEPTION

TEST/SYSTEM	DESCRIPTION	AGE/GRADE LEVEL	SETTING	WHO ADMINISTERS	APPROXIMATE COST	PUBLI CO
Illinois Test of Psycholinguistic Abilities (ITPA)	Through 12 subtests, it evaluates abilities in the visual-motor and auditory-vocal channels of communication. Two levels of organization (representational and automatic) are recognized. Within these levels three psycholinguistic processes (receptive, organizational and expressive) are evaluated. Trained examiner necessary. Time 90 minutes.	Gr. 2-10	Individual	Psychologist S & H clinician	$45.00	UIP
NW Syntax Screening Test (NSST)	For screening syntax in large number of children or as a quick estimate of syntax development as part of a complete evaluation.	Ages 3-8	Individual	S & H clinician	$10	NWU
Peabody Picture Vocabulary Test (PPVT)	The PPVT was designed to measure receptive language vocabulary (listening vocabulary). It is composed of a graded series of 150 plates, each with 4 pictures.	Ages 2.5 - 18	Individual	Teacher/ psychologist	$13 ($3 for kit) $10	AGS
Target on Language	Activities for language problems, suggests remedial activities provides instructional materials.	Ages 3-6	Individual	Teacher	$15	CCC
Oliphant Auditory Discrmination Memory Test	Purpose of test is to screen for auditory discrimination ability and to identify children who need a more careful analysis of auditory perceptual abilities. Teacher says 2 words and child matches a 3rd word with one of the others.	Gr. 2 & up	Individual	Teacher		EPC

SPEECH/LANGUAGE/AUDITORY PERCEPTION

TEST/SYSTEM	DESCRIPTION	AGE/GRADE LEVEL	SETTING	WHO ADMINISTERS	APPROXIMATE COST	PUBLISHER CODE
ZOCH-LEAGUE Receptive/Expressive Emergent Language Scale (REEL)	Uses informant-interview of parent to determine child's levels of expressive and receptive language.	0-3 yrs.	Individual	Specialist		TLP
Carrow Elicited Language Inventory (CELI)	Uses technique of eliciting imitation of sentences to obtain information on the child's grammatical system (which linguistic structures have/have not been mastered by the child). Testing kit includes practice tape for test administrator.	3-adult	Individual	Speech & Hearing Clinician	$39.95	LC
Developmental Syntax Program	Programmed instruction approach to syntactical problems in expressive language. Used with students who have normal receptive language. Supplies lesson plans and activities.	3-10	Individual	Speech & Hearing Clinician	$31.45	LEC
Goldman-Fristoe Test of Articulation	Tests child's articulation of sounds in words, sounds in sentences, and stimulability. Three subtests. Filmstrip presentation available. Time 10 min.	Ages 2 up	Individual	Speech & Hearing Clinician	$22.60	AGS
Goldman-Fristoe-Woodcock Auditory Skills Battery	This battery is designed to identify children who are deficient in auditory skills and to provide information describing these deficiencies. The battery consists of 12 tests in five easel kits. Major areas covered are selective attention, auditory discrimination, auditory memory and sound-symbol.	Ages 3 up	Individual	Trained teachers, speech & hearing clinicians, school psychologist	$98 00	AGS

SPEECH/LANGUAGE/AUDITORY PERCEPTION

TEST/SYSTEM	DESCRIPTION	AGE/GRADE LEVEL	SETTING	WHO ADMINISTERS	APPROXIMATE COST	PUBLISHER CODE
Templin-Darley Tests of Articulation	Norms based on a general American caucasian dialect. May be used as a screening device (50 items) or as a diagnostic instrument (141 items). Time 5-15 minutes - screening; 20-40 minutes - diagnostic.	3 yrs. up	Individual	Teacher	$5.00	BERS
Test of Language Development (TOLP)	Tests word discrimination, word articulation, picture vocabulary, oral vocabulary, grammatic understanding, sentence imitation and grammatic completion.	Ages 4-8.11	Individual	Speech & hearing clinician	$40.00	EMP
Test for Auditory Comprehension of Language (TACL)	Tests a child's receptive language by having child respond to examiner's oral stimuli by pointing to one of three line drawings. Covers vocabulary morphology and syntax. (Available in Spanish or English)	Ages 3-6	Individual	Speech & hearing clinician	$40.00	LC
Verbal Language Development Scale	Uses informant-interview technique to determine child's level of verbal language development. It serves as an expansion of the verbal portion of the Vineland Social Maturity Scale. Time 30 min.	1 mo. - 16 yrs.	Individual	Specialist	$3.00	AGS
Wepman Auditory Discrimination	Tests ability of the child to discriminate between similar phonemes. Word pairs are read and child indicates if they are the same or different. Time 5-10 minutes.	Ages 5-8	Individual	Speech & hearing clinician/ teacher	$10.00	LRA

SPEECH/LANGUAGE/AUDITORY PERCEPTION

TEST/SYSTEM	DESCRIPTION	AGE/GRADE LEVEL	SETTING	WHO ADMINISTERS	APPROXIMATE COST	PUBLISHER'S CODE
Vocabulary Comprehension Scale	Identifies problems with pronouns, concepts of position, quantity and size. Follow-up instructional activities included in manual.	Ages 2-6	Individual	Teacher, Speech & hearing clinician	$35.00	LEC
Mecham Verbal Language Development Scale	This instrument is an extension of the communication portion of the Vineland Social Maturity Scale and uses an interview format. Heaviest concentration of items is in the early childhood range, focusing on listening, speaking, reading, and writing. Scoring is: "can do," "cannot do," "emergent state."	1 mo.-15 yr	Individual	Teacher, Language development specialist	$4.75	AGSInc.
Screening Test for Auditory Comprehension of Language	A screening test for auditory comprehension of language. Composed of 25 items. Designed for easy small group administration by classroom teacher. Responses to oral stimuli are marked directly in individual test booklets. Spanish version also available.	3-6 yrs.	Group	Teacher	$3.75 specimen set	LCInc.
Utah Test of Language Development	Normed on 273 normal white children in Utah. Measures expressive and receptive verbal language skills. Not recommended for children with visual-perceptual problems or non-white urban children. Time 30-48 min.	1 yr. 5 mo. - 14 yrs. 5 mo	Individual	Teacher/ specialist	$16.50 complete $1.10 25 record sheets $5.50 manual	CRA
Oliphant Auditory Synthesizing Test	Determines ability to listen to separate phonemes of a spoken word, remember and blend these phonemes in the correct sequence, and assign them a meaning. Teacher pronounces separate sounds and child chooses the word they make.	Gr. 1 and up	Individual	Teacher		EPS

SPEECH/LANGUAGE/AUDITORY PERCEPTION

TEST/SYSTIM	DESCRIPTION	AGE/GRADE LEVEL	SETTING	WHO ADMINISTERS	APPROXIMATE COST	PUBLISHER CODE
Roswell-Chall Auditory Blending Test	Evaluates the ability to blend sounds into whole words. Time 30 mins.	6-10 yrs.	Individual	Teacher		EP
Test of Listening Accuracy in Children	A screening device of auditory discrimination. The test has three pictures, one of which is selected as the picture of one of the three words read. Time 20-30 mins.	5-9 yrs.	Individual	Teacher		BYUP

TEST/SYSTEM	DESCRIPTION	AGE/GRADE LEVEL	SETTING	WHO ADMINISTERS	APPROXIMATE COST	PUBLISHER'S CODE
Gates-Russell Spelling Diagnostic Tests	Measure ability to spell words orally, word pronunciation, letter to letter sounding and other aspects of spelling. Untimed.	Gr. 2-6	Individual	Teacher		CTC
Test of Written Spelling (TWS)	Measures spelling skills based on predictable and unpredictable words. Provides information or current spelling level as well as types of words student has difficulty spelling.	Gr. 1-8	Individual	Teacher	$6.50	ACT

TEST/SYSTEM	DESCRIPTION	AGE/GRADE LEVEL	SETTING	WHO ADMINISTERS	APPROXIMATE COST	PUBLISHER CODE
Armed Services Vocational Aptitude Test	This battery consists of nine group administered tests. It includes five aptitude composite scores: general-technical, clerical, electronics, general mechanics and motor mechanics. The batter lists civilian occupational categories, identifies military jobs which are similar to them, and identifies the relevant aptitude for the job.	Adult				DD
California Occupational Preference Survey	This survey yields 14 scores. It consists of items composed almost entirely of activities, rather than a mixture of activities and occupational titles. Some scores involve science, technical aptitude, business, clerical aptitude, linguistics, aesthetics, and service	Grade 9 - adult				EITS
Comprehensive Career Assessment Survey	This scale measures interest and familiarity with 75 occupations in the 15 career clusters identified by the U.S. Office of Education.	Grades 3 - adult				LEC
Daily Vocational Tests	This series includes three tests: spatial visualization; business English, which is applicable to secretarial or business occupations; and technical and scholastic. The manual suggests tests that are appropriate for academic guidance, screening, selection, and evaluation.	Grades 8 - adult				HMC
Factorial Interest Blank	This booklet contains 120 paired comparison items dealing with rural-practical, sociable, humanitarian, entertainment, physical, literate, aesthetic, scientific, and mechanical scores.	11 - 16 yrs.				NFER

TEST/SYSTEM	DESCRIPTION	AGE/GRADE LEVEL	SETTING	WHO ADMINISTERS	APPROXIMATE COST	PUBLI. CO.
Flanagan Industrial Tests	These tests can be taken by job applicants for business and industry. One form includes 18 tests consisting of such items as arithmetic, assembly, expression, mechanics, memory, precision, and vocabulary for job applicants and employees. The other form includes seven tests of assembly, components, ingenuity, inspection, memory, scales, and electronics.	Adult				SRA
General Aptitude Test Battery	This test battery measures nine aptitudes: intelligence, verbal, numerical, spatial, form perception, clerical perception, motor coordination, finger dexterity, and manual dexterity.	Grades 9-10				GPO
Preference Analysis	This analysis yields 13 scores: adventurous, outdoors, clerical, domestic-decorative, domestic-routine, fine arts and music, natural sciences, persuasion, social sciences, technical, altruistic, verbal and mathematical interest.	8 yrs. - adult				NIPR
Rating Scales of Vocational Values, Vocational Interests, and Vocational Aptitudes	These scales consist of three self administered forms that include 60 activity items. Each scale yields 20 scores. They cover: administrative, artistic, athletic, commercial, creative, dramatic, musical, and scholastic areas.	Grades 8 - adult				EITS
Rothwell-Miller Interest Bank	This measure consists of nine sets of occupational titles, each set comprising 12 jobs. Subjects rank the members of each group from one to 12 in order of preference.	11 yrs. - adult				NFER

TEST/SYSTEM	DESCRIPTION	AGE/GRADE LEVEL	SETTING	WHO ADMINISTERS	APPROXIMATE COST	PUBLIS COD
Safran Student's Interest Inventory	This revision of the Safran Vocational Interest Test yields seven interest scores: economic, technical, outdoor, service, humane, artistic, and scientific. It also includes four ability self-ratings: academic, mechanical, social, and clerical.	Grades 8 - adult				TNS
Vocational Interest & Sophistication Assessment	This instrument contains a form for males with seven areas: garage, laundry, food service, maintenance, farm and grounds, materials handling, and industry. A form for females contains four interest and knowledge areas: business and clerical, housekeeping, food service, and laundry and sewing.	Retarded adolescents- adult				JHP
Vocational Planning Inventory	This battery consists of the SRA Pictorial Reasoning Test, SRA Arithmetic Index, SRA Verbal Form Survey of Interpersonal Values, Survey of Personal Values, the mechanics subtest of the Flanagan Industrial Tests. It presents predicted grades in nine or ten areas of trade.	Grades 8 - adult				SRA
Work Values Inventory	This inventory includes 15 scales. They include: esthetics, creativity, intellectual stimulation, independence, management, supervisory relations, and way of life.	Grades 7 - adult				HMC
Strong Vocational Interest Blank for Men (SVIB-M)	This instrument is used to help predict chances of success and satisfaction in a variety of occupations. Self-administered.	Ages 16 - Adult				SUP

TEST/SYSTEM	DESCRIPTION	AGE/GRADE LEVEL	SETTING	WHO ADMINISTERS	APPROXIMATE COST	PUBLISHER CODE
Hackman-Gaither Vocational Interest Inventory Standard Edition (HGVII)	Self-administered inventory to be utilized in educational and vocational guidance. Self-scored.	Ages 14 to adult	Group			P-C
Hall Occupational Orientation Inventory	To measure worker traits and job characteristics as well as psychological needs and value fulfillment. Self-administered.	Ages 14 to adult	Group		$14.00	FOL
Kruder-General Interest Survey	This is a self-administered, self-scored instrument which utilizes occupational activities in a forced choice format.	Grades 9-12	Group		$11.00	SRA
Ohio Vocational Interest Survey (OVIS)	Standardized test for use with high school students. Self-administered, untimed, scored by publisher.	Ages 13-18	Group		$11.00	HBJ
Reading-Free Vocational Interest Inventory	This is a non-reading vocational preference test which requires no verbal symbols or written statements. Male and Female forms. Self-administered.	9th grade to adult	Group			AAMD

TEST/SYSTEM	DESCRIPTION	AGE/GRADE LEVEL	SETTING	WHO ADMINISTERS	APPROXIMATE COST	PUBLISHER
Strong Vocational Interest Blank for Women (SVIB-W)	This instrument is used to measure interest and preferences in order to predict chances of occupational success and satisfaction. Self-administered.	Ages 16 - adult				SUP
Becker Reading Free Vocational Interest Inventory	To assess preference for work areas through non-reading techniques.	Retarded adolescents and adults				AAMD
SRA Vocational Planning Inventory	To assist students in selecting vocational training. Measures arhithmetic, pictorial reasoning, verbal aptitude, interpersonal values, mechanical aptitude.	Grades 8-12				SRA
Social and Prevocational Information Battery	To assess knowledge of skills and competencies regarded as important for community adjustment for mildly handicapped students.	Mildly handicapped Jr. - Sr. High		Teacher	$15.00	CTB/ McGraw Hill
JEVS Work Sample System	Hands-on assessment activities designed to reflect primary skills inherent in actual jobs (i.e., dexterity, perceptual abilities), work related behaviors and vocational interests. Results directly related to Dictionary of Occupational Titles.	All categories - Jr. high to adult		Requires Training		Tomahawk

DIRECTORY OF PUBLISHERS

Publisher Code	Publisher
AAHPR	American Alliance for Health, Physical Education and Recreation 1201 Sixteenth Street, N.W. Washington, D.C. 20036
AAMD	American Association of Mental Deficiency 5201 Connecticut Avenue N.W. Washington, D.C. 20015
ACT	Academic Therapy Publications 1543 Fifth Avenue San Rafael, California 94901
AFBI	American Foundation for the Blind, Inc. 15 W. 16th Street New York, New York 10011
AGS	American Guidance Services, Inc. Publishers' Building Circle Pines, Minnesota 55014
AIR	American Institute for Research 8555 16th Street Silver Springs, Maryland 20910
AP	Arden Press P.O. Box 844 Huntingdon Beach, California 92648
ASC	Assessment Service Center for the Handicapped Los Angeles Unified School District Los Angeles, California
Az SEA	Arizona State Department of Education Phoenix, Arizona
BMC	Bobbs-Merrill Company 4300 West 62nd Street Indianapolis, Indiana 46268
BMR	Berdine, Murphy & Roller
BWES	Borg Warner Educational Systems 600 W. University Drive Arlington Heights, Illinois 60004
BYUP	Brigham Young University Press Provo, Utah 84601

Publisher Code	Publisher
CADR	Cambridge Area Developmental Rehabilitation and Education Center Cambridge Independent School District Cambridge, Minnesota 55008
CCC	Christ Church Child Center 8011 Old Georgetown Road Bethesda, Maryland 20014
CCCD	Callier Center for Communication Disorders 1966 Inwood Road Dallas, Texas 75235
CEI	Center for Educational Innovation 750 Brooksedge Boulevard Westerville, Ohio 43081
CEMPC	Charles E. Merrill Publishing Company Columbus, Ohio
CHSC	C. H. Stoelting & Company Chicago, Illinois
CPP	Consulting Psychologists Press, Inc. 577 College Avenue Palo Alto, California 94306
CRA	Communications Research Associates Box 11012 Salt Lake City, Utah 84111
CROFT	Croft Teacher's Service Croft Educational Service, Inc. Models for Teaching Physical Education 100 Garfield Avenue New London, Connecticut 07320
CRSP	Center for Research, Service & Publication Laramie, Wyoming
CTB	California Test Bureau McGraw-Hill Del Monte Research Park Monterey, California 94930
CTC	Columbia University Teachers College Bureau of Publications New York, New York

Publisher Code	Publisher
DCMC	Dallas County MHMR Center 2710 Stemmons Freeway Dallas, Texas 75207
DD	Department of Defense Washington, D.C. 20202
DESI	Dreier Educational Systems, Inc. 320 Raritan Avenue Highland Park, N.J. 08904
DFP	Devereaux Foundation Press 208 Old Lancaster Road Devon, Pennsylvania 19333
DIAL	DIAL Inc. Box 911 Highland Park, Illinois 60035
DRT	Delco Readiness Test 111 Linda Lane Media, Pennsylvania 19063
DSNH	Diagnostic School for Neurologically Handicapped Dr. Don Ashurst, Superintendent 4339 State University Drive Los Angeles. California 90032
EA or Edmark	Edmark Associates 13241 Northup Way Bellevue, Washington 98005
EDC	Educational Development Corporation
EDP	Educational Progress P.O. Box 4566 Tulsa, Oklahoma 74145
EEU	Experimental Education Unit Child Development & Mental Retardation Center University of Washington Seattle, Washington 98195
EITS	Educational & Industrial Testing Service P.O. Box 7234 San Diego, California 92107
EMP	Empiric Press 333 Perry Brooks Building Austin, Texas 78701

Publisher Code	Publisher
ES	Essay Press P.O. Box 5 Planetarium Station New York, New York 10024
EPC	Educators Publishing Company 75 Moulton Street Cambridge, Massachusetts 02138
ESI	Educational Systems, Inc.
FAIR	Fairview State Hospital Research Department 2501 Harbor Boulevard Costa Mesa, California 92626
FOL	Follett Publishing Company 1010 W. Washington Boulevard Chicago, Illinois 60607
FOREWORKS	FOREWORKS 7112 Teesdale Avenue N. Hollywood, California
FP	Fearon Publishers Palo Alto, California
G&S Inc.	Grune & Stratton, Inc. 111 Fifth Avenue New York, New York 10003
GPO	Government Printing Office Washington, D.C. 20202
GTA	Guidance Testing Associates 6516 Shirley Avenue Austin, Texas 78752
HBJ	Harcourt Brace Jovanovich, Inc. 757 Third Avenue New York, New York 10017
HBSC	Hubbard Scientific Company 2855 Shermer Road Northbrook, Illinois
H&H	H & H Enterprises, Inc. P.O. Box 3342 Lawrence, Kansas 66044
HMC	Houghton-Mifflin Company 666 Miami Circle N.E. Atlanta, Georgia 30324

Publisher Code	Publisher
IDE	Ideal School Supply Company Oak Lawn, Illinois 60453
IMRID	IMRID Publications George Peabody College Nashville, Tennessee 37203
IOE	Instructional Objectives Exchange P.O. Box 24095 Los Angeles, California 90024
JBL	J. B. Lippincott E. Washington Square Philadelphia, Pennsylvania 19103
JD	John Day
JHP	John Hopkins Press John Hopkins University Baltimore, Maryland 21218
JKE	J.K.E. Enterprises Tuscon, Arizona 85702
KSS	Kaplan School Supply 600 Jamestown Road Winston-Salem, North Carolina 27103
LC	Lyons and Carnahan Education Division, Meredith Corporation 407 E. 25th Street Chicago, Illinois 60616
LEC	Learning Concepts 2501 N. Lamar Austin, Texas 78701
LPI	Learning Pathways, Inc. Evergreen, Colorado 80439
LPPF	Ladoca Project & Publishing Foundation, Inc. E. 51st Avenue & Lincoln Street Denver, Colorado 80216
LSI	Lear Siegler, Inc. 6 Davis Drive Belmont, California 94002
MBC	Melton Book Company 111 Leslie Street Dallas, Texas 75207

Publisher Code	Publisher
MH	Marshall S. Hiskey 5640 Baldwin Lincoln, Nebraska 68508
Monterey Co. OE	Monterey County Office of Education Special Education Department P. O. Box 851 Salinas, California 93901
NCS	Wisconsin Design NCS Educational Systems Division 4401 W. 76th Street Minneapolis, Minnesota 55435
Nebraska SEA	State of Nebraska Department of Public Instruction Office of Mental Retardation Lincoln, Nebraska
NFER	NFER Publishing Company, Ltd. 2 Jennings Building Thomas Avenue Windsor, Berkshire SL4 QS, England
NIPR	National Institute for Personnel Research P.O. Box 10319 Johannesburg, South Africa
NWU	Northwestern University Evanston, Illinois 60201
PC	Psychological Corporation 304 E. 45th Street New York, New York 10017
PP	Portage Project CESA 12 412 E. Slifer Street Portage, Wisconsin 53901
PDP	Psychological Development Publications 7150 Lakeside Drive Indianapolis, Indiana 46278
PPI	Personnel Press, Inc. 20 Nassau Street Princeton, New Jersey 08540
PSC	Psychological Service Center of Philadelphia 1500 Vine Street Philadelphia, Pennsylvania 19102

Publisher Code	Publisher
PTJ	Physical Therapy Journal 1965, 45, 463 - 468
PTM	Pennsylvania Training Model Pennsylvania Department of Education Bureau of Special & Compensatory Education 123 Forster Street Harrisburg, Pennsylvania 17102
REVRAC	Revrac Publications 2200 Forest Glenn Road Silver Springs, Maryland 20910
RLZA	R. L. Zweig Associates 20800 Beach Boulevard Huntingdon Beach, California 92648
RSC	Reporting Service for Children 563 Westview Avenue Ridgefield, New Jersey
SBCS	Santa Barbara County Schools Santa Barbara, California
SC	Stoeltig Company 1350 S. Kostner Avenue Chicago, Illinois 60623
SRA	Science Research Associates, Inc. 259 E. Erie Street Chicago, Illinois 60623
STS	Scholastic Testing Service
SUP	Stanford University Press Stanford, California 94305
TC	Teacher's College Press 1234 Amsterdam Avenue New York, New York 10027
TLP	The Tree of Life Press Box 447 Gainesville, Florida 32601
TNS	Thomas Nelson & Sons 81 Curlew Drive Don Mills, Ontario Canada

Publisher Code	Publisher
Tomahawk	Tomahawk Corporation 6900 220th S.W. Mountlake Terrace, Washington 98043
U of C	Dr. Nadine Lambert University of California Department of Education Berkeley, California 94720
UCP	United Cerebral Palsy of the Bluegrass P.O. Box 8303 Lexington, Kentucky 40503
UIP	University of Illinois Press Urbana, Illinois 61801
U of P at PMC	Department of Learning Disabilities University of the Pacific at Pacific Medical Center, California
VORT	VORT Corporation P.O. Box 11132 Palo Alto, California 94306
WCBC	Wm. C. Brown Co.
WPS	Western Psychological Services 12031 Wilshire Boulevard Los Angeles, California 90025
WIN	B. L. Winch and Associates P.O. Box 1185 Torrance, California 90505
ZWE	Richard L. Zweig Associates, Inc. 208000 Beach Boulevard Huntingdon Beach, California 92648

SP-11

PARENTAL CONSENT FOR DIAGNOSTIC TESTING

(Form 5)

PARENT CONSENT FOR DIAGNOSTIC TESTING: MODEL FORM 5

Date_____

Dear_____

In a letter on _____(date), we mentioned our concern over _____ _____(child's full name) progress in school and the need to gather further information. We must receive your written consent before any further testing or evaluation can be done with your child. So that you will be aware of the areas the school will be looking at and the intended tests/procedures to be used, they are listed here:

Communication:

Physical:

Behavior:

Academic:

Other:

As mentioned before, you have certain rights according to state and federal regulations. They are repeated here:

1. You have the right to review all records related to the referral.
2. You have a right to review the instruments (tests) used to evaluate your child.
3. You have the right to refuse to permit the evaluation or a change in your child's educational placement.
4. You have the right to be fully informed of the results of the evaluation.
5. If you disagree with the results, you have the right to get an outside evaluation at public expense.
6. You have the right to request an impartial due process hearing.
7. You have the right to give consent or deny access to your child's educational records.

A full explanation of your rights is attached for you to read and keep.

Your cooperation is appreciated in signing and returning as soon as possible the following:

I have been informed of the referral of my child, _____ (name), for individual testing or other evaluation procedures indicated above. I have received a copy of "Explanation of Procedural Safeguards and Due Process" and understand my rights.

☐ Permission is given to conduct the evaluation as described.

☐ Request conference to discuss the referral of my child and/or explain my rights as outlined on the attached notice.

_____
Parent's Signature

_____
Date

PLEASE READ AND KEEP THE ATTACHED PAGES. RETURN THIS PAGE TO THE _____ SCHOOL DISTRICT.

NOTICE TO PARENTS

Explanation of Procedural Safeguards and Due Process

The following is an explanation of your rights according to federal and state rules and regulations. The intent of the rules and regulations is to keep you fully informed concerning decisions about your child and to inform you of your rights if you disagree with any of those decisions.

1. Right to review all school records.
You have the right to see and examine all school records related to your child. The district will supply you, upon request, a list of the types and location of education records collected, maintained or used by the district. If you feel that certain records are inaccurate or misleading, you have the right to ask that they be removed from your child's file. Copies of any material pertaining to your child will be available to you, upon request, at reasonable cost.

2. Right to review evaluation tests and procedures.
You have the right to examine all tests and procedures that will be used to determine if your child is in need of special education services and what his/her educational needs are.

3. Right to refuse to permit evaluation(s) or a change in your child's educational placement.
You have the right to withhold permission for your child's educational placement to be changed or to be tested.

4. Right to be informed of the results of evaluation(s).
You have the right to have the results of all testing with your child explained to you.

5. Right to obtain an independent evaluation.
If you do not feel the school's evaluation is fair or accurate, you may request an educational evaluation from an agency or professional outside the school at public expense. However, the school may request a hearing if its evaluation is challenged. If the hearing rules in favor of the school, the school does not have to pay for the independent evaluation.

6. Right to request an impartial due process hearing.
If you do not agree with the school's actions at any point concerning the identification, evaluation or placement of your child you have the right to request an impartial due process hearing. If you request a hearing:

   a. the district shall inform you of any free or low cost legal or other relevant services available so that you may be represented at the hearing by trained counsel,

   b. the appointed hearing officer may not be an employee of the district or have any professional or personal interest which would conflict with the fairness of the hearing,

c. the hearing will be closed unless you or the district requests an open hearing,

d. the district will notify you at least 10 days before the hearing as to the time, place and location,

e. you have the right to not allow the presentation of any evidence or information that you were not told about at least 5 days before the hearing,

f. your child may be present at the hearing if you desire,

g. your child will remain in his/her current educational placement during pending of any administrative or judicial proceedings, or, if applying for initial admission to public school, the child will be placed in school with your consent except if conduct by the child constitutes imminent danger to the health and safety of the child and others,

h. either you or the district have the right to appeal a hearing decision with the Department of Education.

7. Right to give consent or deny access to your child's educational records.
Parental consent must be obtained before personally identifiable information is, (a) disclosed to anyone other than educational personnel, or (b) used for any purpose other than that for which it was collected. It is the district's responsibility to notify you when either condition (a) or (b) occurs. The district maintains a list of those employees within the district who are authorized to have access to personally identifiable information.

In addition, the district will notify you when personally identifiable information is no longer needed to provide educational services to your child. You have the right to request the destruction of this information.

SP-12

LEGAL SAFEGUARDS AND TEST DATA

Legal Safeguards and Test Data

The Family Educational Rights and Privacy Act was passed in an effort to reduce the misuse of test data and other information in a student's permanent records. The following statements summarize some of the major points of the Privacy Act.

1. Parents have a right to
   a) view
   b) receive copies of, and
   c) have explained

   the following:
   a) cumulative folders,
   b) health reports and data,
   c) discipline reports
   d) grade information,
   e) standardized test data,
   f) psychological evaluations,
   g) official teacher comments, and
   h) any other permanent records which have any information specificially related to their child.
2. Persons outside the school who want access to a pupil's records need written permission from the parents. The following do not need to have parental permission:
   a) school officials involved in the on-going education of the child,
   b) health officials, in cases of emergencies, and
   c) researchers who can prove their work will benefit an instructional program.

3. The following information is not subject to the parent permission requirement:

   a) a child's name, address, and telephone number,

   b) date and place of birth,

   c) dates of attendance,

   d) sports participation information, and

   e) major field of study.

4. Parents who feel that information in a child's records is inaccurate or inappropriate may request a hearing to challenge the records.

5. The rights of parents to view records, challenge records, and withhold permission to release records is transferred to the pupil when the pupil turns eighteen.

SP-13

SUMMARIZING ASSESSMENT RESULTS

(Form 6)

Summarizing Assessment Results

Each person/agency completing an assessment of a student should summarize the results in a manner that will aid in the development of an individualized education program (IEP). The attached form is an example of how results can be organized and summarized to assist Child Study Teams examine evaluation data in light of its utility in determining the following:

- eligibility
- present levels of educational functioning
- annual goals/short-term objectives
- least restrictive placement
- support services

The utility of assessment information can be facilitated by a written report that meets the following criteria:

- report is written in understandable language
- tools or processes used in evaluation are identified
- setting in which evaluation occurred is described
- evaluation contains concise statement of specific results
- problem areas are identified by behavioral observation
- evaluation contains concise statement of strengths and weaknesses
- information is relevant to educational planning
- information describes conditions which influence ability to perform tasks

FORM 6

Use as many forms as necessary to summarize relevant results

INDIVIDUAL ASSESSMENT RESULTS
(This does not represent the child's IEP)

Child's Name _____ Birthdate _____

School _____

Test Given	N	CR	Results - give scores if normed referenced

AREA: _____

Current Level of Educational Functioning (Strengths and Weaknesses)

Recommended Annual Goals	Recommended Short Term Objectives
Recommended Strategies/Materials	

Recommended Least Restrictive Placement (Describe the services it is recommended the child receive)

(CONTINUED ON BACK)

AREA: _____	
Current Level of Educational Functioning (Strengths and Weaknesses)	
Recommended Long Term Objectives	Recommended Short Term Objectives
Recommended Strategies/Materials	
Recommended Least Restrictive Placement (Describe the services it is recommended the child receive)	

AREA: _____	
Current Level of Educational Functioning (Strengths and Weaknesses)	
Recommended Long Term Objectives	Recommended Short Term Objectives
Recommended Strategies/Materials	
Recommended Least Restrictive Placement (Describe the services it is recommended the child receive)	

SP-14

ELIGIBILITY REPORT FORM

(Form 7)

ELIGIBILITY REPORT FORM 7

Child's Name _____ Birthdate _____

Code Number _____ School _____

As a result of the following assessments, the child ☐ is/ ☐ is not eligible to receive special education under the category of _____

Criteria for Eligibility	Evaluations	Evaluator	Date

Signed _____ Team Members _____

Title _____ _____

Date _____ _____

The information on this form was shared with the parents on _____ (date)

by _____.

☐ The parents accepted the results of the testing.

☐ The parents disagreed with the assessment results. Explain action. _____

_____

_____

☐ It was explained that parents will receive an invitation to attend a meeting to develop an individualized education program for their child.

SP-15

PARTICIPANTS AT IEP MEETING

(Form 8)

Participants at IEP Meeting

Participation at the IEP Meeting will change with the needs of the individual child. It is good to involve "persons with a variety of competencies and skills in the decision making process; involve individuals who have the authority to provide support for implementing decisions; involve potential implementors in decision making."

The committee should be composed of at least the following individuals (from Federal Register, August 23, 1977):

(a) *General.* The public agency shall insure that each meeting includes the following participants:

(1) A representative of the public agency, other than the child's teacher, who is qualified to provide, or supervise the provision of, special education.

(2) The child's teacher.

(3) One or both of the child's parents.

(4) The child, where appropriate.

(5) Other individuals at the discretion of the parent or agency.

(b) *Evaluation personnel.* For a handicapped child who has been evaluated for the first time, the public agency shall insure:

(1) That a member of the evaluation team participates in the meeting; or

(2) That the representative of the public agency, the child's teacher, or some other person is present at the meeting, who is knowledgeable about the evaluation procedures used with the child and is familiar with the results of the evaluation.

Comment. 1. In deciding which teacher will participate in meetings on a child's individualized education program, the agency may wish to consider the following possibilities:

(a) For a handicapped child who is receiving special education, the "teacher" could be the child's special education teacher. If the child's handicap is a speech impairment, the "teacher" could be the speech-language pathologist.

(b) For a handicapped child who is being considered for placement in special education, the "teacher" could be the child's regular teacher, or a teacher qualified to provide education in the type of program in which the child may be placed, or both.

(c) If the child is not in school or has more than one teacher, the agency may designate which teacher will participate in the meeting.

2. Either the teacher or the agency representative should be qualified in the area of the child's suspected disability.

3. For a child whose primary handicap is a speech impairment, the evaluation personnel participating would normally be the speech-language pathologist.

Parental involvement in the formal placement process is extremely important for the following reasons:

1. The information which they can bring to the committee may greatly enrich the total committee's understanding of the needs of the child and family.

2. Involvement will usually be associated with a greater chance of parent cooperation.

3. Cooperation is essential to the success of the child's program.

4. The parent's presence can help assure that they clearly understand the functions of the committee.

5. The parent's informed consent is legally essential at several stages of the committee's functioning.

Parent Participation (from Federal Register, August 23, 1977):

(a) Each public agency shall take steps to insure that one or both of the parents of the handicapped child are present at each meeting or are afforded the opportunity to participate, including:

(1) Notifying parents of the meeting early enough to insure that they will have an opportunity to attend; and

(2) Scheduling the meeting at a mutually agreed on time and place.

(b) The notice under paragraph (a) (1) of this section must indicate the purpose, time, and location of the meeting, and who will be in attendance.

(c) If neither parent can attend, the public agency shall use other methods to insure parent participation, including individual or conference telephone calls.

(d) A meeting may be conducted without a parent in attendance if the public agency is unable to convince the parents that they should attend. In this case the public agency must have a record of its attempts to arrange a mutually agreed on time and place such as:

(1) Detailed records of telephone calls made or attempted and the results of those calls.

(2) Copies of correspondence sent to the parents and any responses received, and

(3) Detailed records of visits made to the parent's home or place of employment and the results of those visits.

(e) The public agency shall take whatever action is necessary to insure that the parent understands the proceedings at a meeting, including arranging for an interpreter for parents who are deaf or whose native language is other than English.

(f) The public agency shall give the parent, on request, a copy of the individualized education program.

Comment. The notice in paragraph (a) could also inform parents that they may bring other people to the meeting. As indicated in paragraph (c), the procedure used to notify parents (whether oral or written or both) is left to the discretion of the agency, but the agency must keep a record of its efforts to contact parents.

PARENT NOTIFICATION OF IEP MEETING AND PRIOR NOTICE: MODEL FORM 8

Date _____

Dear _____:

As you know, we have been completing an educational assessment of your child, _____ _____ (child's full name). We would like to meet with you to share information from the completed assessments. At this meeting, you will have the opportunity to assist in the development of educational objectives along with the other team members. The results of this meeting will be the development of the most appropriate educational program for your child.

The meeting will be on _____ (date) at _____(time) in _____ (location). If you are unable to attend, please contact us at _____(phone number) as soon as possible in order to plan a time which is mutually convenient.

It is possible that as a result of this meeting your child's educational placement may change. No change, however, will be authorized without your permission. In order to keep you fully informed and involved concerning decisions about your child, federal and state rules and regulations require that parents be informed of the following:

1. You have the right to review all school records.
2. You have the right to review all test and evaluation procedures.
3. You have the right to refuse to permit evaluations or changes in your child's educational placement.
4. You have the right to be fully informed of the results of evaluations with your child.
5. You have the right to obtain an independent evaluation at public expense.
6. You have the right to request an impartial due process hearing.
7. You have the right to give prior consent or deny the disclosure of your child's school records to anyone other than education personnel.

Sincerely,

_____
(name)

_____
(title)

SP-16

MODEL IEP FORMS

(Forms 9)

INDIVIDUALIZED EDUCATIONAL PROGRAM (IEP)
FORM 9

_____Initial

_____Review

_____Reevaluation

Definition of Individualized Education Program (IEP)	IEP Time Period	Student Information
A written statement of present levels of educational performance, annual goals and objectives, specific educational related services and the extent to which the child will participate in regular education. There must be a projected date for initiation and completion of services measurable objectives.	FROM ___/___/___ TO ___/___/___ REVIEW ___/___/___ SCHOOL _____ _____	STUDENT: _____ BIRTHDATE: _____ Date: _____ Grade Level: _____ Teacher: _____

CURRENT LEVEL OF STUDENT PERFORMANCE

STRENGTHS	WEAKNESSES

BASED ON EVALUATION/REEVALUATION, STUDENT IS RECOMMENDED FOR THE FOLLOWING PLACEMENT:

Type of classroom placement (i.e., regular, resource room, self-contained, etc.):

NUMBER OF HOURS IN REGULAR PROGRAM _____

LEVEL OF SERVICE: 1 2 3 4 TYPE OF EXCEPTIONALITY: 1 2 3 4 5 6 7 8 9

TYPE OF PHYSICAL EDUCATION PROGRAM: _____regular _____special

SPECIALLY DESIGNED VOCATIONAL EDUCATION _____NO _____YES

DESCRIBE: _____

(CONTINUED ON BACK)

INDIVIDUALIZED EDUCATIONAL PROGRAM (IEP)

FORM 9

Reevaluation of Total Service Plan

Continuation Sheet Page 2

Goals and Objectives	Dates	Status	Persons Responsible
Annual Goal: _____ _____ Short Term Objective: _____ _____ _____	Begin Date ___/___/___ Completion Date ___/___/___ Review Date ___/___/___	Met _____ Not Met _____ Continue _____ Revise _____	_____ _____ _____ _____
Annual Goal: _____ _____ Short Term Objective: _____ _____ _____	Begin Date ___/___/___ Completion Date ___/___/___ Review Date ___/___/___	Met _____ Not Met _____ Continue _____ Revise _____	_____ _____ _____ _____
Annual Goal: _____ _____ Short Term Objective: _____ _____ _____	Begin Date ___/___/___ Completion Date ___/___/___ Review Date ___/___/___	Met _____ Not Met _____ Continue _____ Revise _____	_____ _____ _____ _____
Annual Goal: _____ _____ Short Term Objective: _____ _____ _____	Begin Date ___/___/___ Completion Date ___/___/___ Review Date ___/___/___	Met _____ Not Met _____ Continue _____ Revise _____	_____ _____ _____ _____

INDIVIDUALIZED EDUCATIONAL PROGRAM (IEP)
FORM 9

Reevaluation of Total Service Plan — Continuation Sheet — Page 3

SPECIAL INSTRUCTIONAL MEDIA AND MATERIALS NEEDED (Optional; Not Required to be Stated)
List Special Media and Materials (i.e., orthopedic equipment, instructional aides, etc.)

SUPPORT SERVICES NEEDED			
List Support Services Needed (i.e., OT, PT, CDS, Psychologist, Resource Room Teacher)	No. of Hours Per Wk.	Start Date	End Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Transportation: _____	_____	_____	_____

PERSONS ATTENDING IEP MEETING	
Name: _____ Position: _____	Name: _____ Position: _____
_____ _____	_____ _____

INFORMED PARENT CONSENT

I have had the opportunity to participate in the development of this individualized educational program for my child. I have had my rights and responsibilities explained to me in my primary language. I understand that I have the right to request a copy of my child's individualized educational program if I so desire. I approve of the placement of my child as described.

PARENT(S) SIGNATURE _____ Date: _____

SP-17

SUMMARIZING CURRENT LEVELS OF EDUCATIONAL PERFORMANCE

Summarizing Present Levels of Performance

The first task in the development of the individualized educational program is to summarize the student's present levels of performance. More specifically stated, the task of the CST is to determine what the child can do and what he can't do.

In reviewing assessment information gathered during the comprehensive evaluation process, it is best to examine the data in light of its utility in developing an IEP. Not all of the assessment information which might be gathered will necessarily be applicable to the IEP.

The following are suggested procedures for specifying current levels of performance:

- Review all assessment information
- Review the purpose of the assessment tool and the type of results it reports.
- Determine which pieces of information are "data based" and which are not. Review both "data based" and "non data based" information for validity.
- Seek input from pertinent personnel not present at the child study team meeting. If possible, seek the input of personnel (i.e., last year's teacher(s) or parents) who may have been unable to attend the CST meeting.
- Identify specific strengths and weaknesses of student. State these in skill specific terms (e.g., can add two digit plus two digit numerals with no regrouping). Write these skills in the IEP total service plan under "Present levels of performance."

When summarizing current levels of educational performance, keep in mind the following guidelines:

Do describe what the child can do and can't in terms of specific skill areas.
Do describe the child's strengths as well as weaknesses.

Don't describe the child by using labels or jargon.
Don't describe the child by listing test scores only.

EXAMPLE

Summary Statement of Current Levels
of Educational Performance (Strengths and Weaknesses)

Performs well in social studies and science when reading is not required and in art activities. Reading, spelling and arithmetic are weakest areas. Poor peer relationships - exhibits temper tantrums. Bender Gestalt revealed preservation, distortion of shape, rotation, and errors in integration in drawings.

Innappropriate talking occurs at an exceedingly high rate. Ten day observation revealed two instances of swearing, six instances of hitting, one temper tantrum, and three instances of defying teacher.

Difficulty recognizing sounds of initial consonants, long vowels, consonant blends, digraphs, dipthongs, and syllabication rules; guesses at unknown words.

Finished 7/33 assignments during ten day bseline period. Observation data indicates approximtely 15% on-task during seat work assignments.

Completed 48/100 basic addition and subtraction facts with 6 errors in 3 minutes on timed test. Scored 89% when allowed time to finish (8 minutes). Difficulty with skills stated in goal.

Example of Stating Current Performance Levels

1. Able to perform on basic reading and number tasks in small group setting with teacher aid and contingency contracting. Lacks skills in letter/sound identification, rote counting and rational counting. Able to grasp pencil and maintain proper sitting posture for writing. Cannot copy numerals or letters without aid of dotted lines. Is able to speak in complete sentences, but displays some difficulty with reproduction of speech sounds. Has some basic information skills pertaining to naming coins, animals, identification of left/right, lacks knowledge of age in years, primary colors.

2. Performs best with individual instruction, nonverbal performance is in normal range on WISC, visual comprehension is good.

Difficulty following directions, unable to follow and understand discussions, poor auditory memory, speaks in incomplete sentences, doesn't complete work, difficulty discriminating small differences in words, difficulty with pencil paper tasks and copying, mixes upper and lower case letters in written work, low vocabularly development, moderate articulation problems, poor judgment in social situations, absenteeism, withdrawn, tattles, inattentive.

Unacceptable Example of of Stating Current Performance Levels

Low-average I.Q., 4.0 math, 2.2 reading, 1.0 spelling, 20% on task behavior.

Note: If this is all the information that has been collected, it will be exceedingly difficult to develop a quality IEP. The "example" above is too global and too obtuse to be of functional utility for instructional programming.

SP-18

ESTABLISHING ANNUAL GOALS

Establishing Annual Goals

This section is intended to assist Child Study Teams in establishing annual goals for provision of special education services.

Annual goals may be defined as behavioral statements which reflect what the student will be expected to achieve during the current academic year. Annual goals are typically broad, general statements which provide a point from which more specific short term instructional objectives may be developed.

In developing annual goals there are certain points to be considered if the IEP is to be more than just a paper process. The following guidelines are suggested for use in developing annual goals. The goals:

1) must be based on the child's current needs as identified by the comprehensive educational evaluation

2) should be limited to one goal for each area requiring special instruction to make accomplishment possible.

3) must be realistic in terms of the child's current levels of educational performance.

4) must be realistic in terms of instructional time available.

5) must be stated in terms of the child's behavior.

The primary function of annual goals is to identify broad, general statements of expected instructional outcomes. Frequent problems encountered by the child study team in specifying annual goals stem from goals which are: (1) too specific, e.g., "blend three or more letters at one response per second with no errors;" (2) are too narrow, e.g., "can put on shoes;" (3) are program bound, e.g., "complete distar math;" (4) are too broad, e.g., "improve math skills;" (5) are written from the implementor's point of view, e.g., "provide a behavior modification program" (Morgan, 1977).

Because annual goals provide the foundation for the development of short term objectives and for the development of the individual implementation plan, obtaining reliable, comprehensive, assessment information is critical.

The Child Study Team should remember that there is a difference between assessment for eligibility and assessment for instructional purposes. Formal, norm referenced, assessment of psychological processes can be of great value in determining whether or not a student is eligible for special education. However, these instruments may provide limited utility for developing instructional strategies.

Informal, criterion referenced assessments, on the other hand, provide information which is directly related to instructional strategies.

Both kinds of assessment provide information which needs to be considered in developing an annual goal for an individualized educational plan.

Morgan, D. Workshop Leader's Manual for a Workshop on IEPs for Idaho's Exceptional Children. Unpublished manuscript, Utah State University, 1977.

Once present levels of performance have been summarized, the next step is to:

- Prioritize the needs of the student
- State the student's needs in terms of goals to be met at the end of the school year
- Write annual goals for each area of referral

The following goals are examples of those which may be developed for an exceptional child:

Reading

- Read by sight 100 words
- Increase reading rate and accuracy
- Improve decoding skills
- Answer recall, sequence, and inferential questions after oral reading

Math

- Solve story problems requirng addition and subtraction
- Count to 100 by 2's, 5's and 10's
- Use measurement tools to compute weight, length, width

Spelling Skills

- Match sounds to letters correctly
- Spell c-v-c words
- Write paragraphs and stories using correct spelling

Writing

- Print (write) using consistent slant and spacing between letters
- Form letters and numbers using left to right movements
- Print (write) using correct alignment on paper

Classroom Work Habits

- Follow teacher instructions or directions
- Contribute positively to class discussions and activities
- Increase on-task behavior

Adaptive Behavior

- Participate in group activities
- Use acceptable language (does not use obscenities or vulgarities)
- Verbalize feelings to another when upset

Motor Skills

- Walk with assistance
- Stand with support
- Catch and throw a ball

Prevocational/Vocational Skills

- Work steadily at reasonable speed to get the job done
- Arrive at work on time
- Accept criticism and attempt to implement suggestions from supervisor

SP-19

WRITING SHORT TERM OBJECTIVES

Writing Short Term Objectives

Following the development of annual goals, the next task to be done is to write short term objectives for each annual goal. A short term objective states the specific measurable instructional strategies which are the immediate steps to reaching the annual goal.

While a compelling reason for writing short term objectives is that they are required by law as part of the IEP, there are several other benefits to preparing short term objectives.

Short term goals:

- Provide a plan of action "for attainment of long term objectives"
- Provide a guide for curriculum development or to sequence instruction
- Provide a basis for evaluation of student progress
- Provide the teacher with criteria to determine when an educational target has been achieved and when to focus on new targets

There are several components of short term instructional objectives. (Morgan, 1977)

- behavior: stated in performance terms or in terms that are specifically observable: e.g., "will write all math facts with sums which total ten."
- conditions: specific circumstances under which the performance will occur: e.g., when verbally directed by the teacher
- criteria: how well the student must perform the desired behavior: e.g., with 100% accuracy; and how many times the student must perform the desired behavior.

In addition to the above material, it is suggested that the following be reviewed:

- what is an observable behavior
- observable/unobservable behaviors
- conditions
- criteria
- checklist for evaluating short term instructional objectives

Note: In some districts it may be a practice to have the Child Study Team develop only long term goals and the implementor develop short term objectives. However, an IEP is not completed until all components are present and the parental sign-off has been obtained.

Morgan, D. Workshop Leader's Manual for a Workshop on IEPs for Idaho's Exceptional Children. Unpublished manuscript, Utah State University, 1977.

CHECKLIST FOR EVALUATING SHORT-TERM INSTRUCTIONAL OBJECTIVES

	YES	NO
1. HAS A SPECIFIC, OBSERVABLE BEHAVIOR BEEN STATED?	___	___
2. HAS THE CONDITION(S) UNDER WHICH THE STUDENT WILL PERFORM THE DESIRED BEHAVIOR BEEN STATED?	___	___
3. HAS THE CRITERIA FOR EVALUATING STUDENT PERFORMANCE BEEN CLEARLY STATED? (NOTE: THE DESCRIPTION OF CRITERIA SHOULD BE DETAILED ENOUGH THAT TWO OTHER INDIVIDUALS, AFTER READING THE CRITERIA, WOULD BE ABLE TO REACH THE SAME CONCLUSION IN DETERMINING WHETHER OR NOT THE STUDENT HAS ATTAINED THE OBJECTIVE.)	___	___
4. IS THE OBJECTIVE RELEVANT TO THE LONG-TERM GOALS IDENTIFIED FOR THE STUDENT?	___	___
5. IS THE OBJECTIVE RELEVANT TO THE STUDENT'S FUTURE SUCCESS IN THE SCHOOL AND/OR COMMUNITY?	___	___
6. IS THE DESIRED BEHAVIOR RELEVANT TO THE CONTENT AREA FOR WHICH IT WAS WRITTEN?	___	___
7. ARE THE OBJECTIVES PROPERLY SEQUENCED?	___	___
8. ARE THE OBJECTIVES GRAMMATICALLY CORRECT?	___	___
9. ARE THE OBJECTIVES STATED SO THAT THEY ARE EASILY UNDERSTOOD BY THE TEACHER AND THE STUDENT?	___	___
10. DO THE OBJECTIVES RESULT IN A SIMILAR INTERPRETATION BY ALL WHO READ THEM?	___	___

SP-20

PRIOR NOTICE AND PARENT CONSENT

FOR CHANGE IN EDUCATIONAL PLACEMENT

(Form 20)

PRIOR NOTICE AND PARENT CONSENT FOR CHANGE IN EDUCATIONAL PLACEMENT: MODEL FORM 10

Dear _____: Date sent _____

Date received _____

We are sorry you were unable to attend a planning meeting concerning your child, _____. At this meeting a team of persons developed an individual educational program (IEP) so that your child will receive the most appropriate services in school. A copy of your child's educational program (IEP) is attached for you to read and keep.

As you will note on the IEP, there HAS HAS NOT (circle one) been a change in your child's educational placement. Because of your child's needs, it was determined that the following classrooms and/or service(s) will provide the instruction described on the IEP:

_____

_____

_____

Before we can begin the above program, we must have your written permission. Please read, sign and return this page as soon as possible.

I have received a copy of my child's individualized education program and a description of the intended placement. I understand my rights explained in "Explanation of Procedural Safeguards and Due Process" sent to me at an earlier date.

☐ I approve of the placement of my child _____ as described in his/her IEP.

☐ I request a parent conference concerning my child's placement.

_____
PARENT SIGNATURE

_____
DATE OF APPROVAL

If you have any questions or concerns, please telephone me at _____.

_____
NAME

_____
ADDRESS

PLEASE KEEP THE ATTACHED PAGES. SIGN AND RETURN THIS PAGE AS SOON AS POSSIBLE.

SP-21

LEAST RESTRICTIVE ENVIRONMENT

Least Restrictive Environment (Richard Zeller, December, 1976):

Whichever placement is selected for the child, criteria to determine the "least restrictive environment" (LRE) must be applied. P.L. 94-142 and its draft regulation (BEH, November, 1976) offer no definition of least restrictive environment. The law does state clearly, however, that to the maximum extent appropriate, handicapped children are to be educated with children who are not handicapped. Specifically the law requires (Section 612):

> Each state must establish ...(b) procedures to assure that, to the maximum extent appropriate, handicapped children, including children in public or private institutions or other care facilities, are educated with children who are not handicapped, and that special classes, separate schooling, or other removal of handicapped children from the regular educational environment occurs only when the nature or severity of the handicapped is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.

This statement clearly gives thrust to the mainstreaming movement. The current placement alternatives in most schools do not, however, permit immediate mainstreaming (in the sense of concentrated regular classroom placement), nor do they typically offer a complete "cascade" of placement alternatives.

The June 25, 1975 Report of the House of Representatives on HR 72-17 make clear that a variety of settings, or a continuum of placement options, should exist within each state (i.e., hospital, home, school or institution). What seems to be legislative intent is that all settings in which handicapped children are educated need to be made less restrictive, and that as much as possible, handicapped children should be educated with non-handicapped children.

No clear scheme exists for determining for any given child which placement is least restrictive. It has been tempting to adopt a cascade of services model (after Reynolds, 1962; Deno, 1970), and assume that those services furthest away from the regular classroom are necessarily more restrictive. Figure 1 shows an example of a cascade of services model advocated by the Council for Exceptional Children.

The difficulty with assuming that those placements closer to the regular classroom are necessarily less restrictive is that it presupposes restrictiveness to be unidimensional. Relative physical proximity to normal peers is only one measure of restrictiveness. Others might include restriction on mobility, social interaction, etc. In most instances, however, before any child is moved to a setting substantially removed from normal peers (the regular classroom), compelling reasons relating to the child's welfare would have to be documented. P.L. 94-142 also requires that long-range plans address how that child will be returned (mainstreamed) to less restrictive settings.

One can conceive of the process by which any LRE placement is selected as contributing to a change, over time, in how accommodative the regular classroom program can be. That is, alternative placements for any given child can be examined based on some notion of what must be restricted (programmatically) in the child's environment. Placements might also be examined in terms of how necessary the restrictions they impose are to programming. Factors related to restriction which would be considered might include (Larson, 1976):

-- Behavioral Restriction: Degree to which rules and regulations are an integral part of the environment limit the range of acceptable behavior.
-- Social Restriction: Degree to which interaction with other people is restricted.
-- Mobility Restriction: Degree to which the child's mobility is restricted by locked doors, stairs, limits on access to areas outside the immediate "classroom," etc.
-- Sensory Restriction: Degree to which sensory experiences are restricted through too much (overload) or too little (deprivation) patterning or ordering of stimuli.
-- Restricted Self-Direction: Degree to which the individual student's ability to control and direct his own educational experiences is limited.

One could argue quite reasonably that the above factors describe the problems with educational environments which impair their capacity to accommodate wide individual differences. The author would not deny that, but would stress that if placements other than the regular classroom are to be available (i.e., home, hospital, center programs, special classes) they should be examined programmatically in terms of their restrictiveness. If there are reasons, for example, for restricting a child's interactions with normal peers by placement in a self-contained center program, these reasons should be programmatic (i.e., it is the best thing for the child) rather than being administratively convenient (i.e., it makes funding accountability easier, transportation easier, etc.).

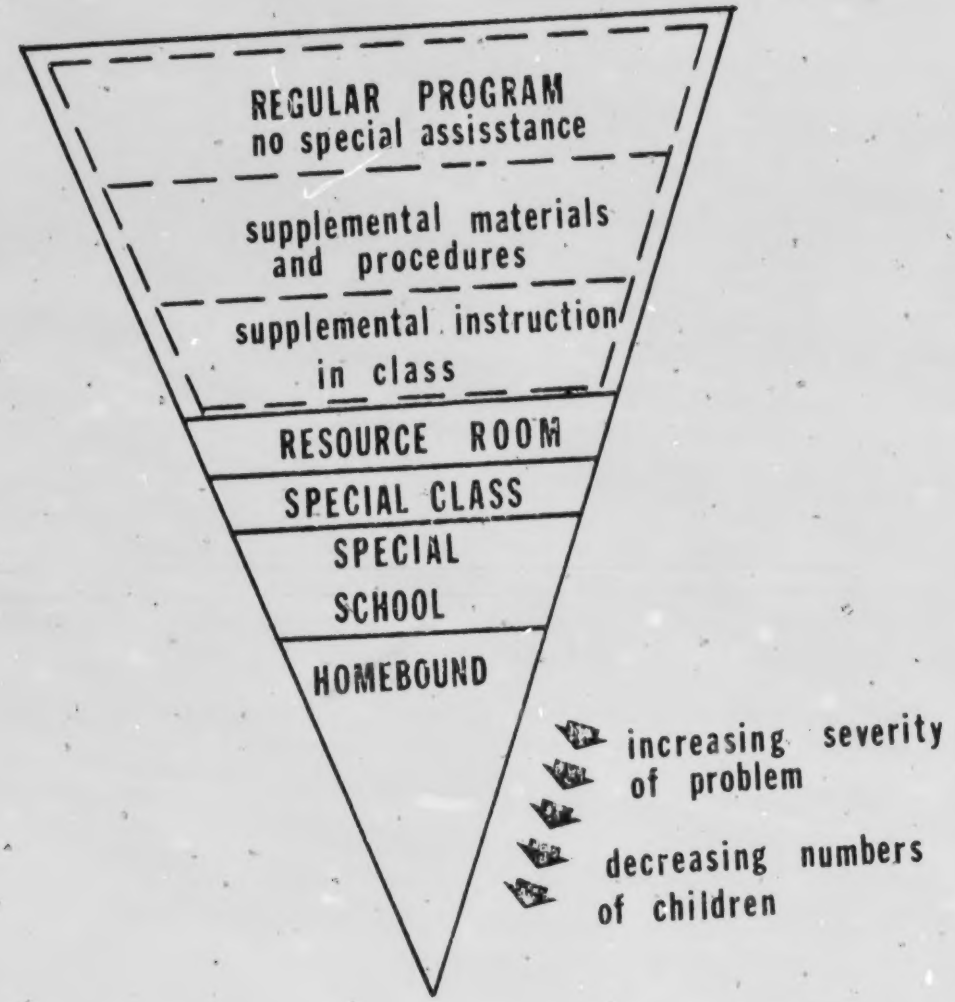
This seems clearly an ethical issue, in large part - it is not necessarily presumed that learning performance will improve in less restrictive settings. The LRE criteria is an effort to operationalize a particular value: it is better that all human beings mix together and learn to accommodate to one another, than that they separate and avoid interaction with others who might be different.

Deno, E. "Special Education as Developmental Capital." Exceptional Children, Vol. 30, November, 1970.

Larsen, L. "Moving From More to Less Restrictive Environments: Main-Streaming and Deinstitutionalization." CEC Topical Conference, Seattle, Washington, October 15-16, 1976.

Reynolds, M. "A Framework for Considering Some Issues in Special Education." Exceptional Children, Volume 7, March, 1962.

FIGURE 1: Example of a special education cascade of services model (after Reynolds, 1962; Deno, 1970).



SP-22

MATCHING INSTRUCTIONAL MATERIALS WITH EXISTING SEQUENCES OF OBJECTIVES

National Information Center for
Special Education Materials (NICSEM)

MATCHING INSTRUCTIONAL MATERIALS WITH EXISTING SEQUENCES OF OBJECTIVES

Many instructional materials, such as DISTAR and programmed math and reading materials contain well developed sequences of short-term objectives and the associated mastery tests. If the service provider feels such materials represent the best treatment resource, the objectives may be stated and cross-referenced with the respective mastery test.

In recent years, a number of systems for preparing individualized prescriptions for pupils have been developed. These systems vary considerably in terms of cost, flexibility, and accuracy. They are heavily dependent on comprehensive skill sequences. Some systems cross-reference each skill with the instructional materials in use in a teacher's classroom.

An individualized prescription system has been developed by the Los Angeles Unified School System specifically for resource teaching. It is entitled "System FORE," and is a total management system, in that it provides for such factors as identifying the role of the resource teacher, diagnosing a child's entering skills, preparing prescriptions in terms of a range of instructional materials, and monitoring pupil progress. The following pages are examples from the skill sequences in reading. Following this skill sequence is an example of some skill assessment materials relating to two of the skills listed in sequence.

One of the disadvantages of comprehensive collections of instructional sequences and objectives is that no one encompassing sequence will always fit a given specific instructional situation. One still has to have a working knowledge of how a pupil is to acquire each major skill and any listing of instructional objectives will still require a teacher to analyze, interpret, and set priorities. Comprehensive prescription systems have done much to make the skill content of materials and programs more explicit so we are in a better position to make decisions.

When preparing both goals and short-term instructional objectives, an educator has to set priorities. Not all objectives listed in comprehensive collections of instructional sequences will be equally important. Some skills will be critical and a failure to master such skills will seriously handicap progress, while other skills will be less important. For example, a year's delay in the teaching of cursive handwriting may mean little, while failure to master borrowing and carrying may significantly delay the teaching of more advanced math skills. Many decisions will still have to be based on the judgement of a teacher. For such decision making, a teacher will have to analyze the respective curriculum areas and understand the relationship among subskills. Knowledge of the resources, good observation skills, and the constant monitoring of pupil progress will prevent the teacher from making serious instructional errors.

STRANDS	(5) VISUAL SKILLS (Perception)	(6) DECODING (Phonetic & Structural)	(7) COMPREHENSION	(8) STUDY SKILLS
LEVEL 9	5.9.1 Sight Vocabulary (OPTIONAL) See Appendix A-4.*	6.9.1 Substitutes initial consonant to form new word.	7.9.1 Develops a story when given a sequence of 3 or 4 pictures.*	8.9.1 Selects appropriate captions for pictures.
	5.9.2 Identifies format of poem as opposed to format of prose.	6.9.2 Decodes words of initial consonant blends (tr, br, st).	7.9.2 Classifies and relates words in a given category (animals: horse, cat, dog, bear).	8.9.2 Locates specific information in reading selection.
		6.9.3 Forms compound words with 2 known words.	7.9.3 Explains main idea in pictures.	8.9.3 Groups information under topical headings (i.e., animals: kind, size, color, habit).
		6.9.4 Decodes words where a, e, i, o, and u are long (cake, he, ice, cold, use).	7.9.4 Identifies words from a specified word list which form an associated pair (bat-ball).	
		6.9.5 Decodes consonants in medial position.	7.9.5 Selects missing word from sentence context without picture clue.	
		6.9.6 Decodes words with inflectional endings (s, es, ed, ing, er, est).*	7.9.6 Determines which selections deal with reality and which deal with fantasy.	
		6.9.7 Decodes contractions with one letter omitted (he's, I'm, didn't, they're).	6.9.7 Discriminates events which occurred in the past from those which occur in the present.	
		6.9.8 Forms plurals by adding -s and -es endings.	7.9.8 Discriminates 's and s' as possessives (boy's, boys').	
			7.9.9 Discriminates 's as a contraction form (he's).	

* Items to be evaluated by observation.

LEVEL NINE

6.9.7 Decodes contractions with one letter omitted. 6.9.7

Criteria $\frac{4}{6}$

Directions: Match the words in Column A with contractions in Column B.

Column A	Column B
1. he is	can't
2. I am	don't
3. did not	he's
4. cannot	isn't
5. is not	didn't
6. do not	I'm

6.9.8 Forms plurals by adding -s and -es endings. 6.9.8

Criteria $\frac{4}{5}$

Directions: Change the words to plurals (more than one) by adding -s or -es. Write them on the lines below.

1. house _____
2. ball _____
3. box _____
4. splash _____
5. dish _____

NICSEM

The National Information Center for Special Education Materials (NICSEM) was funded by the Bureau of Education for the Handicapped beginning October 1, 1977. The central task of the project is to continue the development of a national bibliographical information retrieval system focusing on educational objectives and materials for the handicapped.

Located at the University of Southern California, NICSEM incorporates the informational components of its predecessor NIMIS I, which, recompiled into a new format, identifies more than 36,000 media and materials entries which can be correlated to specific handicapping conditions. The data bank of the National Information Center for Educational Media, which identifies available non-print materials, is also employed.

The major services provided by NIMIS/NICSEM include:

* A master catalog of special educational materials from the NIMIS I data base in microfiche and bookform.
* Indexes organized by handicapping condition as well as staff training materials in microfiche and bookform.
* A catalog of special education non-print media from the NICEM data base in microfiche and bookform.

For high volume professional users requiring immediate access to information on professional and child-use special education materials, complete on-line computer search capabilities are offered by NIMIS/NICSEM, Lockheed Information Systems' DIALOG, or Bibliographical Retrieval Service (BRS). Other data banks outside the NIMIS/NICSEM cluster can also be searched for special education data.

For further information on the services that NICSEM can provide for you, or to obtain a search request form, contact:

Information Specialist
NICSEM - USC
University Park - RAN
Los Angeles, California 90007

From: "Frankly Speaking", National Information Center for Special Education Materials, University of Southern California, Vol. 1, No. 1, March 1978.

SP-23

EVALUATING STUDENT PROGRESS

Evaluating Student Progress

Evaluation of individual student progress will provide a measure of attainment of both short-term objectives and annual goals stated in the individualized education program. Evaluation will indicate when these objectives and goals have been inappropriate or ineffective, as well as when they have been met and need to be replaced with more advanced objectives or goals. Without evaluation, the IEP for a student would be subject to stagnation or undetected misdirection.

Evaluation of an IEP may be considered in two levels. One level represents measurement of the cumulative effects of the IEP and the student's placement, which occurs at the annual review. The other level of evaluation is measurement of target behaviors specified in the short-term instructional objectives.

The measurement of student progress toward mastery of short-term objectives should be the responsibility of the person(s) identified to provide instruction related to the objectives. The following is provided as guidelines for selecting and establishing an effective monitoring system:

> Lowenbraun and Affleck (1976) discuss the use of continuous measurement procedures which are also referred to as ongoing assessment. According to them, systematic teaching begins with initial assessment, but assessment must be a process continuing throughout the school year. After the selection of goals, instructional objectives, and interventions, methods to gauge the child's performance must be devised. Ongoing assessment and a functional data recording system provide the information to determine when an objective has been mastered (and the child is ready to move on to a new objective) or when the child's progress is slow (and a new intervention tactic is needed). Precise and systematic teaching depends on a teacher who is constantly aware of the child's performance so that decisions can be made to efficiently use instructional time.

Ongoing assessment has many benefits:

1. A data recording system provides information as to when a student has mastered an objective and is ready to move to a new one.

2. It provides information as to whether a student is "stuck" so that needed program modifications can be made.

3. Data recording systems provide feedback to the student as to how he is progressing in addition to providing feedback to parents and to administrators.

The design of an appropriate monitoring system involves selecting a measurement procedure which best reflects the behavior to be monitored. Some measurement systems are more appropriate at certain stages of learning than others. For the acquisition of a skill, accuracy of response is the key determinant of the measurement system. Such short-term objectives as "to read 20 sight words correctly" or "to spell 25 words from a word list" should be measured with percentages. Percent data may be taken on both the number of correct responses and the number of error responses.

$$\text{Percent correct} = \frac{\text{number of correct responses}}{\text{total number of responses (correct + error)}}$$

$$\text{Percent error} = \frac{\text{number of error responses}}{\text{total number of responses (correct + error)}}$$

Although percent data indicates accuracy of a pupil's performance, it does not show changes in speed. A more appropriate measure of changes in speed is rate data. Rate data is best taken when measuring skills during the proficiency stage of learning. For example, if the goal is "to sort 20 pegs with zero errors per minute" or "to read orally, 80 words per minute, zero errors", measures of rate should be taken. Rates can be taken on both correct and error responses.

$$\text{Correct Rate} = \frac{\text{number of correct responses}}{\text{time}}$$

$$\text{Error Rate} = \frac{\text{number of error responses}}{\text{time}}$$

For some behaviors, it is necessary and helpful to know how long they last, so a measure of duration is needed. The goal may be "to increase the amount of time John spends playing with other children." What the teacher needs to know is the number of times the behavior was recorded and the amount of the time that John was actually engaged in the behavior being measured.

$$\text{Average Duration} = \frac{\text{Total amount of time (the time of all responses added together)}}{\text{number of times measures were recorded (total number of trials)}}$$

Example:

	Mon.	Tues.	Wed.
1st period	10	4	5
2nd period	3	1	2

Average duration Monday

$\frac{10 + 3}{2}$ = 6.5 minutes

Average duration Tuesday

$\frac{4 + 1}{2}$ = 2.5 minutes

Average duration Wednesday

$\frac{5 + 2}{2}$ = 3.5 minutes

Duration data reflect time information about the behavior, but give no indication of the quantity or quality of the response. In a sorting task, for instance, duration data would not provide information as to the number of items sorted or how many were sorted correctly. (Refer to the following chart for guidelines for selecting a measurement system.)

GUIDELINES FOR CHOOSING DATA

You want information about: (Critical Dimensions)	*So you will collect: (Type of Data)*	*Which requires the following information:*
Changes in the pupil's accuracy of performance	Percent Data	*Correct* # of correct responses total # of responses *Error* # of error responses total # of responses
Changes in the pupil's proficiency of performance (accuracy and fluency)	Rate Date*	# of correct responses # of error responses length of time measured
How quickly a pupil responds to a cue	Latency Data	time elapsing from the completion of the cue to the beginning of the pupil's response
How long a pupil's response lasts	Duration Data	time elapsing from the initiation of the pupil's response to the completion of the response
How much help a pupil requires in completing a task. (Note that in a sense it is the teacher's behavior which is being monitored here.)	Levels of Assistance	the # of trials completed for each designated level of assistance (e.g., # trials with verbal cue, # trials with demonstration, # trials with full physical assistance, etc.)

After a decision has been made to use data collection procedures, some procedures must be established to implement the measurement system. These steps are ones to be followed in the implementation of a data collection system (Lynch, Flanagan, Pennell, 1977).

1. Determine how often to collect data on the behavior. Optimal data collection occurs daily, minimal data collection occurs two times a week.

2. Determine the length of time data will be collected. The length of time data will be collected is influenced by different factors, including: (a) frequency and pattern of the behavior, and (b) the amount of time spent with each child for a given task (which is determined by the availability of the classroom or other professional staff).

   Generally, the higher the frequency of a behavior the shorter the length of time required for data collection. A rule to use in determining the amount of timing during which to collect data is called the Rule of Ten. Select a time period during which you can observe at least 10 of the behaviors you are counting.

   In contrast, the lower the frequency of a behavior, the longer the length of time required for data collection. Low frequency behaviors probably occur at widely-spaced time intervals. Therefore, a short data collection time might cause behaviors to be missed, because there is a great possibility that the sample may be taken at the "wrong" time - when the behavior is not occurring.

3. Determine who will collect the data. In a classroom in which the children can count and read numbers, three choices of data collectors exist: (a) the teacher, support personnel, aide(s), etc., (b) the pupil on whom data are being collected, or (3) another pupil. While the teacher is usually a reliable data collector, the amount of time necessary to collect data on 20 pupils may be impossible or undesirable. The use of pupils as data collectors may be desirable from the teacher's standpoint not only for the time savings but to actively involve pupils in their own educational progress.

   When pupils cannot assume any of the data collection responsibility, it is necessary to prioritize programs on which to collect data and to simplify data collection methods as much as possible.

4. Determine the counting, timing, and recording procedures and/or tools to be used. The counting procedures you use will depend on the types of behaviors being measured. For behaviors which occur infrequently and are easily observed, the teacher (or pupil) can simply tally the number of occurrences on a piece of paper. An alternate method is to tally the number of occurrences on a piece of masking tape attached to clothing or around the wrist. Wrist counters (the type used by golfers and available at sporting goods stores) can also be employed for counting.

For frequent behaviors, such as "read words" the number of responses can be counted after the task is completed or a predetermined number of responses can be presented to the pupil (e.g., a 100-word reading selection can be assigned for oral reading). Equipment is also available for this purpose. A simple gate counter is available at most hardware stores which can be used to tally number of responses while the behavior is occurring or afterwards.

Timing devices and procedures: Wall clocks, wrist watches or digital clocks with second hands are the most readily available timing devices in the classroom. The teacher can simply look at the clock and begin counting a response (or tell the pupil to begin a task) and, after a predetermined amount of time, stop. However, for long time samples of behavior it is often difficult to keep close track of the time. Relatively inexpensive kitchen timers with loud bells are extremely useful for this purpose as well.

Recording: There are two major considerations in recording the data that have been collected (often referred to as raw data): (a) recording should be consistently carried out, and (b) there should be a specified place to record the raw data. Both of these rules are designed to ensure that data collection are neither lost nor forgotten.

A regular pattern for recording data should be established and followed. For some teachers it is easiest to record data immediately after they are collected throughout the school day. Others prefer to wait until after school to record the data that have been collected that day. However, a note of caution: "Raw scores" which are collected on academic, preacademic and self-help skills (e.g., puts on jacket) should be recorded immediately. These data are too easily lost or forgotten over the course of the day. The place for recording the data may be as simple as a notebook kept on the teacher's desk for that purpose. Other possibilities include individual data sheets attached to each pupil's desk or kept in pupil notebooks. The point to remember is that the choice of data recording procedures should be made according to what is easy to implement and maintain in the classroom. (See the following table for a summary of counting procedures, timing procedures, and equipment needed.)

TYPES OF DATA	COUNTING PROCEDURES	TIMING PROCEDURES	RECORDING PROCEDURES	EQUIPMENT
Percent	Count each correct or error response Count total = of response	None	= correct responses or = error responses Total = of responses	Tally sheet (low frequency) double bank counter
Rate	Count total number of correct responses and total number of error responses	Note length of session: start watch or timer after first cue is given; stop timer or stop watch at end of a predesignated length of time, (e.g., 1 min.)	Record = correct responses Record = error responses Record length of session	Stop watch, timer, clock, other time base device Tally sheet – correct and error columns Double bank counter
Duration	= of times measures were taken (= of trials)	Start watch when behavior begins, stop watch when behavior ends	Length of time behavior lasts	Stop watch or clock; other time-based device (not a timer)
Latency	= of times measures were taken (= of trials)	Start watch after cue is given, stop watch when behavior starts.	Length of time between cue and start of behavior	Stop watch or clock
Levels of assistance	= of trials at each level of assistance that pupil exhibits desired response	A time factor can be built into the definition of a correct response at each level of assistance (e.g., when given a verbal cue, pupil responds within 5 seconds)	= trials at each level of assistance that pupil exhibits the desired response	Tally system containing one category for each assistance level

SP-24

PARENT NOTIFICATION OF IEP REVIEW

(Form 11)

PARENT NOTIFICATION OF IEP ANNUAL REVIEW AND PRIOR NOTICE: MODEL FORM 11

Target Audience: Parent(s) of students enrolled in special education whose IEP is scheduled for annual review.

Date _____

Dear _____:

When _____ 's (child's full name) individualized education program was developed we informed you that a review of his/her program would occur on or about _____ .

The review will take place on _____ (date) at _____ (time)

at _____ (location) .

We would like you to participate in this review. If the scheduled time is not convenient, please contact me at _____ (phone #) so that we may rearrange it.

It is possible that as a result of this meeting your child's educational placement may change. Therefore, state and federal rules and regulations require that you be kept fully informed of the following:

1. You have the right to review all school records.
2. You have the right to review all test and evaluation procedures.
3. You have the right to refuse to permit evaluations or changes in your child's educational placement.
4. You have the right to be fully informed of the results of evaluations with your child.
5. You have the right to obtain an independent evaluation at public expense.
6. You have the right to request an impartial due process hearing.
7. You have the right to give prior consent or deny the disclosure of your child's school records to other than education personnel.

Sincerely,

_____
Name

_____
Title

SP-25

PRIOR NOTICE REGARDING RE-EVALUATION

AND NOTIFICATION OF IEP MEETING

(Form 12)

PRIOR NOTICE REGARDING REEVALUATION AND NOTIFICATION OF IEP MEETING: MODEL FORM 12

Date_____

Dear_____

According to school policy, we are planning to conduct an educational reevaluation of your child, _____. Before conducting the reevaluation, state and federal regulations require that we inform you of the following. You have the right to:

1. review all records related to your child's referral for evaluation,
2. review all procedures and instruments to be used in the evaluation,
3. refuse to permit evaluation(s) or a change in your child's educational placement,
4. be fully informed of the results of evaluation,
5. obtain an independent evaluation for your child from a public or private agency,
6. request an impartial due process hearing, and
7. permit or deny disclosure of your child's school records to anyone other than school personnel.

We would like to meet with you to share the results of the reevaluation. At this meeting you will have the opportunity to assist in deciding the most appropriate educational program for your child.

The meeting will be on _____ (date) at _____ (time) in _____ (location).

If you are unable or do not wish to attend this meeting, please contact me at _____.

Sincerely,

_____
NAME

_____
TITLE

SP -26

MONITORING PROGRESS OF STUDENT RELEASED FROM SPECIAL EDUCATION

MONITORING PROGRESS OF STUDENT RELEASED FROM SPECIAL EDUCATION

To increase the probability of success for a student who has been returned to the regular classroom, it is recommended that (a) consultation be provided to the receiving regular education teacher, and (b) student progress be reviewed during the first six months. If a student is not progressing satisfactorily, it may be necessary to hold an IEP meeting to reconsider the student's placement.

Consultation to a receiving regular education teacher could include:

1. In-service training concerning "mainstreaming" of children and youth experiencing learning problems.

2. Observation of techniques being used by the special education teacher with the student to be transferred.

3. Visits to the regular education classroom by itinerant support personnel, counselor, or other qualified persons.

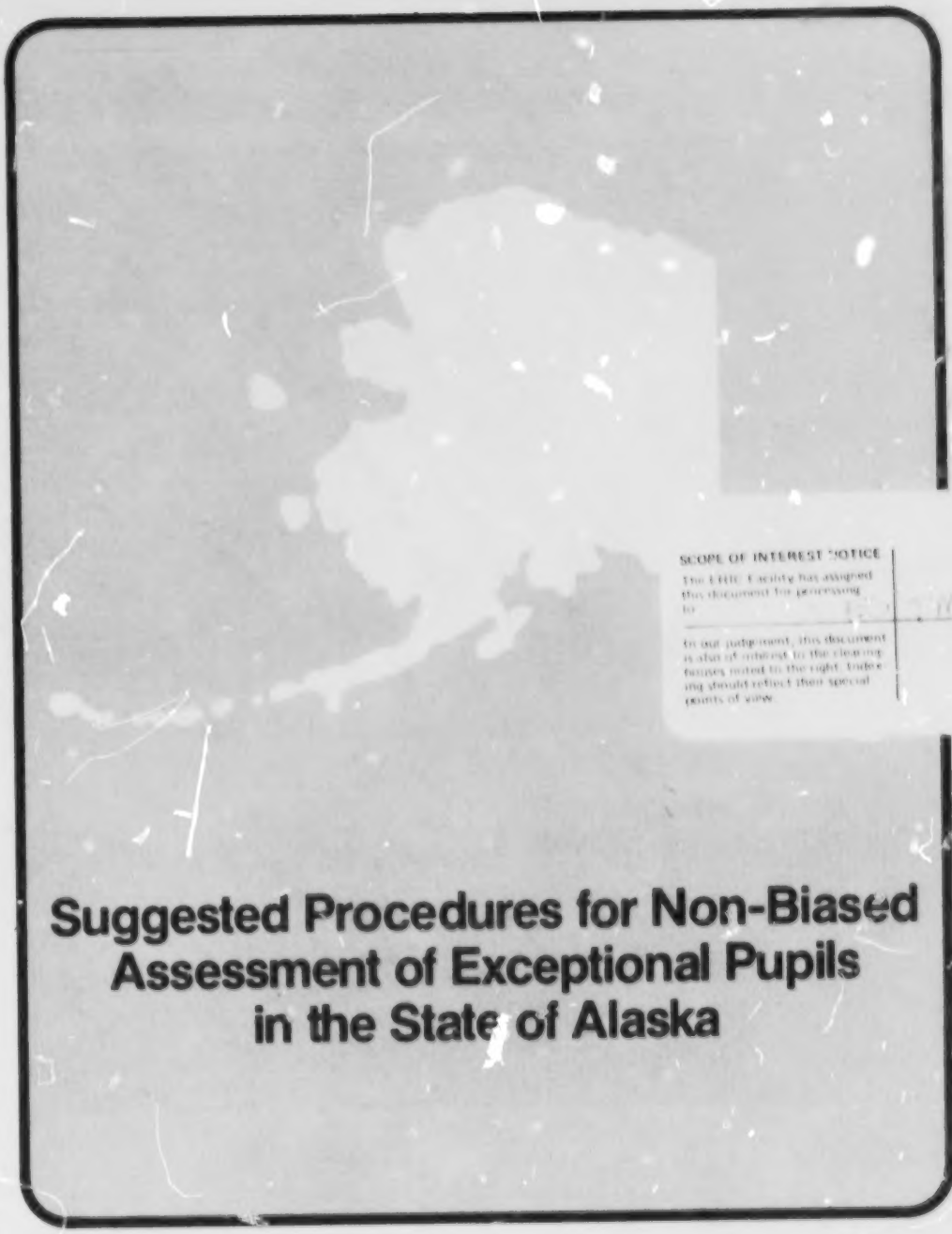
Review of student progress during the first six months could include:

1. Periodic progress reports submitted by regular education teacher to IEP chairperson or designate.

2. Periodic progress review meetings which could include parent(s), special and regular education teachers, principal and IEP chairperson or designate.

3. Consultation with classroom teacher on a periodic basis by appropriate personnel concerning student progress.

PROCEDURES MANUAL



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Suggested Procedures for Non-Biased Assessment of Exceptional Pupils in the State of Alaska

PROCEDURES MANUAL: VOL. III

State of Alaska 1979

EC 131368

Procedures Manual

Volume III

Suggested Procedures for Non-Biased Assessment of Exceptional Pupils in the State of Alaska

July, 1979

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ALASKA PROCEDURES FOR NON-BIASED ASSESSMENT OF HANDICAPPED CHILDREN

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PREFACE

Alaska, a land undergoing vast economic and cultural change, is experiencing all of the stress and dislocation that results from such change as well as the excitement of growth and progress. In the existing climate, the social institutions that previously operated in a seemingly effective manner become subject to criticism as the spotlight of assessment is placed upon them. This process is encouraged and directed by state and federal legislation developed to meet changing human needs.

Education is historically one of the first institutions to be so evaluated, as its purposes are so basic to social function. Major legislation (i.e., Public Law 94-142) is being implemented within the state structure and is requiring local and state educational institutions to carefully evaluate the effect of practices that have long been accepted as valid. The questions being asked, the practices being required, the assessments that are directed have, in many instances, demonstrated that past assumptions of effectiveness in educational practice have been merely that, assumptions.

The keystone practice for the placement of children in educational programs has primarily been that of assessment. When we found a child whose lack of expected performance in the classroom required appraisal we applied, usually through our school psychology staff or similarly trained individuals, one of many group or individual instruments that have been assumed in the past to be effective measures of a child's learning skills. From these appraisals we developed school programs and placed children in learning situations that, rightly or wrongly, directed the path of their educational future. It is more than disturbing to realize that previously accepted placement practices relied upon assessment instruments whose validity was and is severely open to question. Most commonly, our educational assessment measures were normed on a Caucasian population within the more urban/suburban regions of the country. We find now that these were particularly inappropriate for use with populations with cultural and language differences extreme enough to severely affect and even negate the validity of those results.

It is not our task here to moralize or criticize past practices, but to look at the process of assessment and develop a necessary step toward the identification and design of culturally appropriate assessment practices for this region. The task, of course, is a huge one and this manual will need constant reappraisal and updating as its implementation in the field demonstrates its areas of worth or worthlessness.

The process of examining the status of educational assessment in Alaska began with Alaskan educators who have long recognized the problem of applying standardized tests to children in Alaska. This process was given definition and impetus with the advent of legislation that included a mandate for appropriate (non-biased) assessment procedures.

Subsequently, a state appointed task force on non-biased assessment was formed and their efforts funded by the Northwest Regional Resource Center, Eugene, Oregon. This task force has met several times and participated in the development of a number of drafts, of which this is the most recent. The process has been a long and sometimes frustrating one and, though not yet completed, the task force members are to be commended for their hard work and endurance. Those who have participated directly in the writing of this document are listed below.

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INTRODUCTION

The purpose of this assessment manual is to assist those involved in the Child Study Team process, specifically those responsible for individual psychological/educational assessment, in conducting assessments which are as culturally non-biased as possible. To this end, the manual includes both procedures and background information for use by those engaged in evaluation of exceptional children.

Within the field of education, and specifically special education, assessments are conducted for generally two basic reasons; classification and/or development of individual educational programs. Assessment for classification purposes focuses upon determining the degree to which a child's current performance status matches criteria which define one or more exceptionalities recognized in state regulations. Information thus generated may be used for development of individualized educational programs, although information relevant for classification purposes is not necessarily the most appropriate for program development.

This manual focuses primarily on assessment for pupil classification purposes. However, the procedures recommended are also relevant when conducting assessments for program development. Regardless of the purpose of assessment, it is extremely important that those involved in the process of assessment, as well as those on the Child Study Team who use assessment results for decision-making, are aware of sources of bias which may lead to inaccurate data and inappropriate placement and/or program decisions. Use of procedures contained herein will not guarantee bias-free assessment. Sources of bias, however, will be known and reduced to the minimum possible given the current state of the art.

The need strongly exists for procedures and instruments that can be utilized effectively by professionals in the field. This problem is particularly acute in Alaska, where test instruments are frequently used in areas where there are limited staffings of school psychologists or special educators. As a result, tests have been and are administered by staff lacking indepth knowledge of the instruments they are using, such as the normative base, the areas of validity and reliability that apply and, indeed, the effectiveness of the individual tool in specific assessment practice. This is not to imply that the individuals using these tests are not motivated toward effective assessment, but it does speak to the fact that more direct training of staff in the use of instruments presently available as well as those that are being developed is required if our approach to a non-biased process is to be effective. More simply stated, we have to get appropriate tools into the hands of people equipped to use those tools effectively and we have to avoid the supposition that instruments effectively developed but improperly applied result in information that can be validly utilized.

It should be apparent to the concerned evaluator that a testing device that even approaches a reasonable level of fairness across cultural groups does not yet exist. To complicate matters, those tests where score differences between cultural groups are minimal lack the same level of predictive validity evidenced by more culturally biased tests. However, there is one alternative available to the test user which will have to suffice until the long-awaited day of unbiased testing arrives. The recommended strategy is to make testing only one part of a more comprehensive process for collecting information about children. A major criticism of testing procedures, which resulted in disciminatory placement patterns, concerned examiners' uncritical reliance on the use of a single test score when making placement decisions. By making test information only one part of a global picture of the child's functioning, the probability of making an inappropriate placement decision is dramatically reduced.

The importance of multiple assessment measures is recognized by the procedural safeguard in P.L. 94-142 which restricts any single assessment procedure from constituting the sole criterion for determining an appropriate educational program for a child. A great deal of highly useful clinical and educational information is collected through this extended process. The specific kinds of information include observational data, developmental histories, medical histories, family histories, and other parent interview information. They can serve to corroborate (or call into question) the validity of test information that by itself may or may not accurately reflect the child's level of functioning.

Tests are never able to sample the full range of complex and variegated behavior that make up "real life" criteria. For example, school grades are likely to reflect motivation, teacher and parental expectations, peer influence, classroom behavior, curricular demands, and study habits, as well as intelligence and achievement. Even if a test could accurately measure scholastic aptitude, its validity for predicting school grades would be limited because of the influence of the many other factors.

Contents and Use of the Manual

The manual contains information and procedures for use by those conducting evaluations to determine sources of bias inherent in the process. Possible sources include the procedures and instruments used as well as personal bias on the part of the examiner. The uniqueness of a child's background may also result in biased procedures, biased information, and inappropriate classification/program decisions.

A step-by-step process is presented in Section II, beginning with the receipt of a referral and ending with determination of the child's eligibility for special education. The checklists referenced within the process are meant to provide the structure for maintaining and documenting assessment procedures which are as free of cultural and/or racial bias as possible. An elaboration of the steps is included and the checklists are inserted sequentially.

Section III provides a matrix of tests and pertinent information about them. Particularly useful will be the "cultural considerations" which have been written to aid in selecting appropriate instruments for use with children whose background does not reflect the mainstream culture.

Technical considerations comprise Section IV and definitions of terms are provided in Section V. Lists of resources — human, program and print — have been compiled as appendices to aid the user in the areas in which this manual may be incomplete. Also included are relevant excerpts from Federal Regulations and suggestions for parent involvement. Appendix F provides Alaska's categories for language dominance and Appendix G includes 3 field input forms for users to provide feedback to the State Department of Education regarding suggested revisions in the manual.

It is intended that the guidelines and checklists contained herein be conscientiously followed when assessing children from culturally and linguistically different backgrounds. More specifically, it is expected that when a minority child is being assessed for special education placement/programming, those conducting the assessment and making placement/program decisions can document that every effort was made to preclude inappropriate data and, therefore, biased results, including preparation of the team to assure that it is culturally sensitive in the instance of the child being evaluated. To that end, this manual has been developed and is expected to be used.

Future Directions

This manual is considered a first step in the process of developing and implementing a non-biased assessment approach appropriate to Alaska. This initial document is of necessity generalized to meet most of the needs of the state and it is, therefore, lacking in certain specifics necessary for some of the areas to be covered.

We are requesting that all individuals involved in attempts at non-biased assessment through the use of this document, continually update the State Department of Education as to the adjustments or expansions of these materials that are recommended by their field experience. Forms are included in the appendices for this purpose. The importance of this type of information being received from individuals actually involved in field assessment of minority youngsters cannot be over-emphasized. This document's validity will stand or fall on the basis of such input.

From such input the State Department of Education will continually update this manual on a yearly basis. The procedures and resources sections, in particular, will be re-designed and enhanced as new and relevant information is obtained.

In addition, related manuals are being considered as necessary and logical additions to this information/guidelines process. A manual appears necessary in the area of non-biased assessment for the purposes of non-biased programming. There are areas of similarity in the assessment procedures necessary for valid results relative to intake and programming but the procedures are basically directed to different tasks and require special procedures and instruments.

Additionally, a next logical step would see the development of a companion manual directed to the process of non-biased program development. Valid assessment in the non-biased mold will suggest the development of learning programs that utilize the minority child's unique strengths in programs structured to that end.

Finally, a process as complex as non-biased assessment, particularly in an area as extensive, challenging and unique as Alaska, demands planning and support on an ongoing basis. It will not be enough to develop a manual of procedures, however adequate, if our expectation is even a minimal resolution of the need. A concurrent training and supervision process must be developed and employed for utilization at University and similarly-based training centers, as well as directly in the field. From these sources, training in the non-biased assessment and programming areas must be given in a competency-based format that will directly reflect implementation experience flowing in from all areas of the state.

In addition, regular field supervision and concurrent training should be given to practitioners in the field through a sampling process that will insure a widely diversified and therefore representative population.

Alaska has the unique opportunity, as a result of its extensive environmental resources and its culturally diverse population to make a major contribution to the cross-cultural learning process. We invite all of our readers to participate directly with us in this exciting task!

ASSESSMENT PROCEDURES

This section parallels the Multidisciplinary Assessment component of the *Procedures Manual, Volume I* which should be referred to for federal and state requirements of implementing the assessment process, parent notification, etc. The information included here provides a sequence of steps to follow to help insure *non-biased* assessment of culturally different children. (Please see Appendix D for excerpts from P.L. 94-142 and Section 504 relating to evaluation and placement.)

"In a non-biased assessment of a minority child, it is imperative that the Child Study Team be able to distinguish between genuine handicapping conditions and sociocultural factors in determining the cause of the referred child's school failure. In other words, the question that must be answered in a non-biased assessment is this: Does this child have problems in school because he is truly handicapped or deficient in certain aptitudes and competencies or because of certain sociocultural factors that impede his scholastic performance? The purpose of non-biased assessment is to insure that a minority child is not diagnosed as suffering from a handicapping condition when, in truth, his poor academic performance is due to sociocultural factors.

The decision to separate a child from his peers because of a suspected handicap or disability, and place him with other children whom he knows are [different], is a serious one. It says to the child, "You are [different] also."

Accordingly, such a decision should be made only after the child has been thoroughly and competently assessed by a team of [culturally sensitive] experts who are in basic agreement about the results of their separate evaluations and subsequent recommendations. [This team must include an assigned cultural advocate for the child, not related to the family, who holds a similar cultural orientation and has the same linguistic background as the child.] When a placement decision can have such a far reaching impact on a child's emotional well-being and future goals, it is imperative that the child be given the best possible, most thorough evaluation of his strengths and weaknesses by trained, competent professionals. Any assessment less than this does a great disservice to the child."*

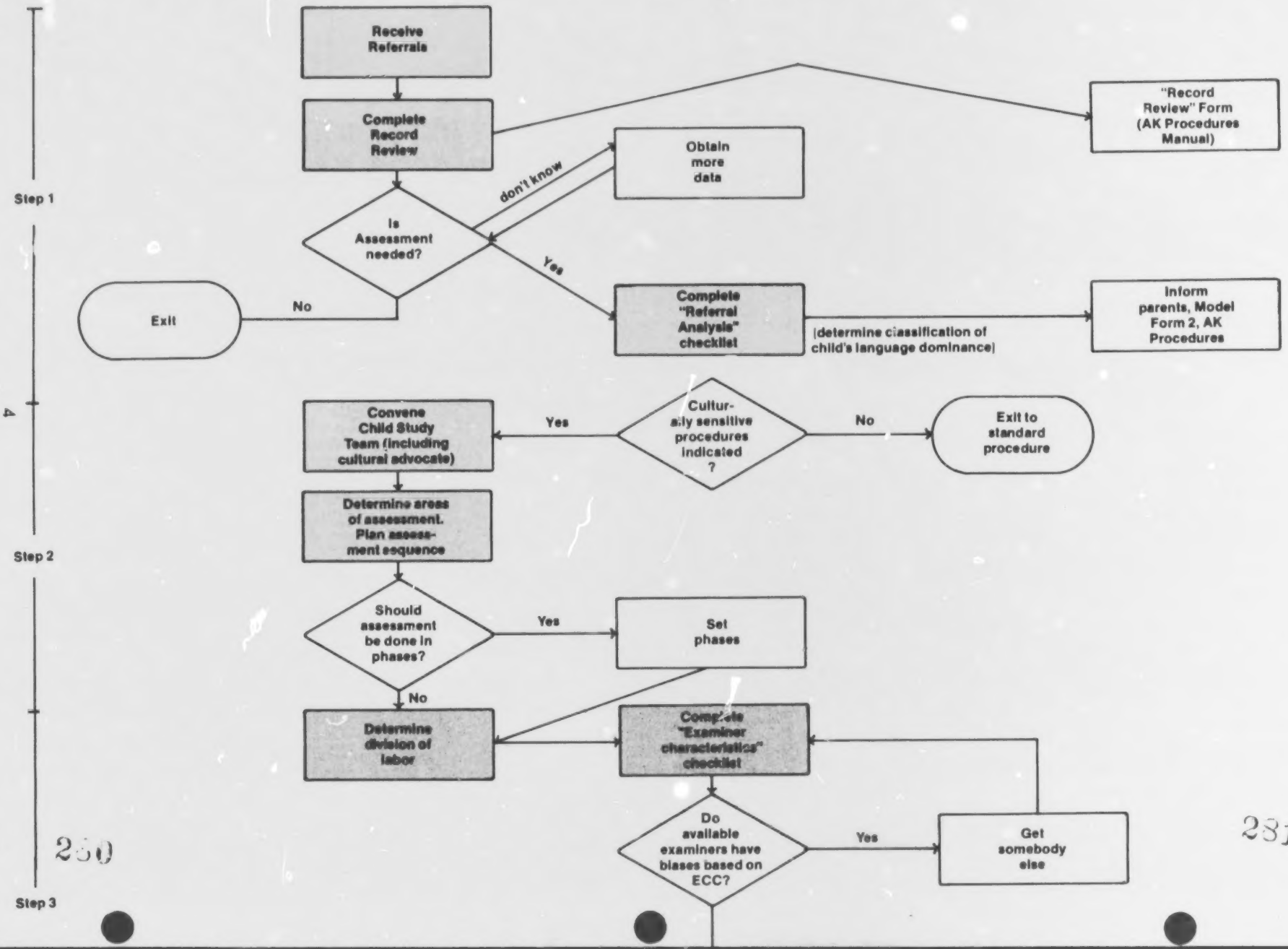
The flow diagram on the following page illustrates the recommended non-biased assessment process with relevant decision points. The following procedures and accompanying checklists may be used as a guide that can be employed by Child Study Teams to avoid many of the problems which result from lack of attention to possible biasing factors.

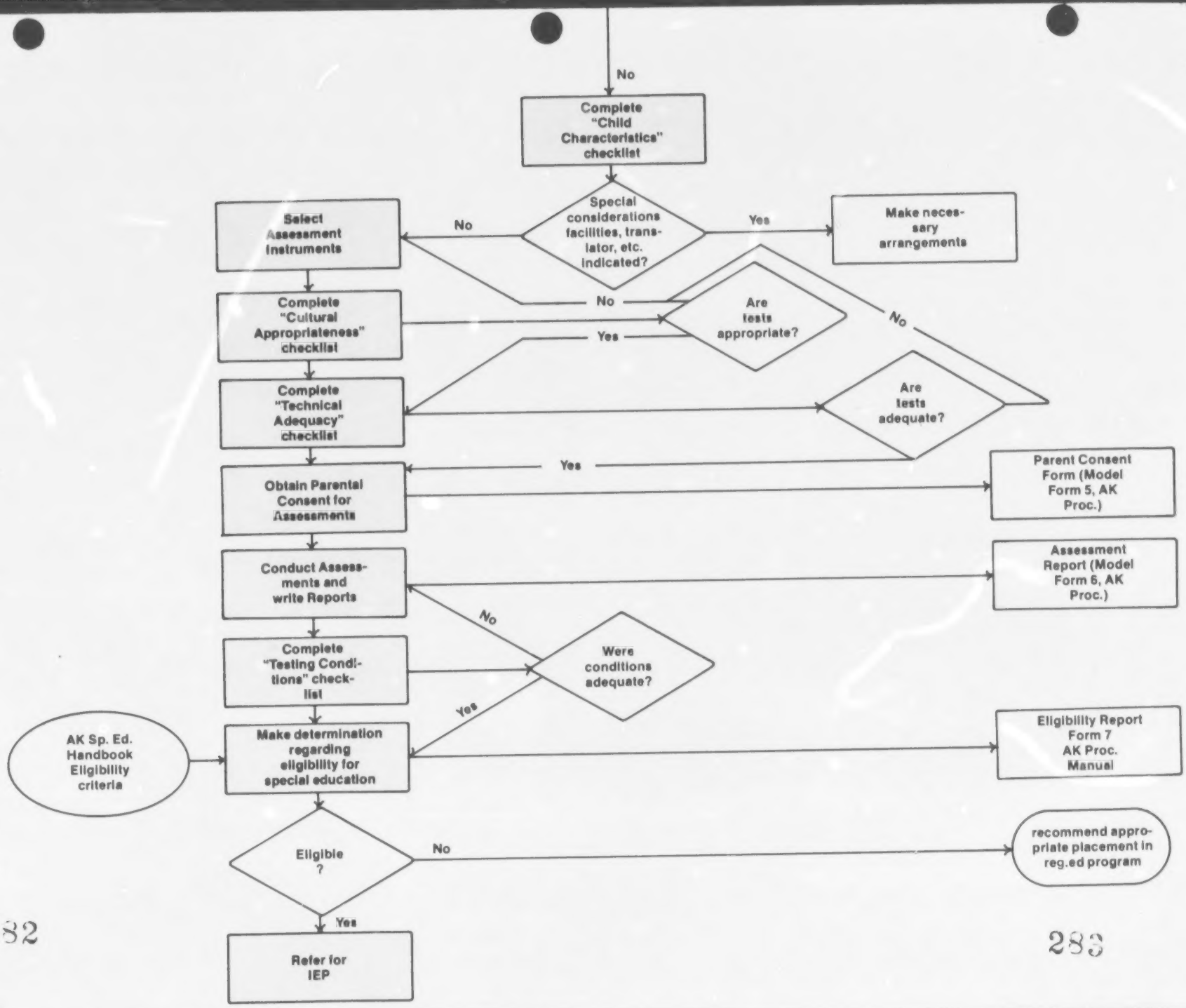
**From: Montana State Guide to Nonbiased Assessment of Native American Children, Molineux*

Procedural Steps for Nonbiased Assessment

STEP	CHECKLIST
1. Receive referral of a child representing a minority culture	1a. Referral Analysis
2. Identify and convene members of assessment team according to child's presenting problem(s). Determine areas to be assessed	
3. Determine division of labor	3a. Characteristics of the Examiner 3b. Characteristics of the Child
4. Select assessment instruments	4a. Evaluating Tests for Cultural Appropriateness 4b. Evaluating Tests for Technical Adequacy
5. Complete assessments and review results; prepare written assessment reports	5a. Testing Conditions
6. Make determination regarding eligibility of child for special education	

Non-Biased Assessment Process




No
Complete "Child Characteristics" checklist
Special considerations facilities, translator, etc. indicated?
Yes
Make necessary arrangements
No
Select Assessment Instruments
Complete "Cultural Appropriateness" checklist
No
Are tests appropriate?
Yes
No
Step 4
Complete "Technical Adequacy" checklist
Are tests adequate?
Yes
Parent Consent Form (Model Form 5, AK Proc.)
Obtain Parental Consent for Assessments
5
Conduct Assessments and write Reports
Assessment Report (Model Form 6, AK Proc.)
Step 5
No
Complete "Testing Conditions" checklist
Were conditions adequate?
Yes
AK Sp. Ed. Handbook Eligibility criteria
Make determination regarding eligibility for special education
Eligibility Report Form 7 AK Proc. Manual
Step 6
Eligible ?
No
recommend appropriate placement in reg.ed program
Yes
Refer for IEP

Step 1: Receive referral of a child representing a minority culture

If the district has a screening team, this team (or whoever fills the same function) should review the information submitted by the concerned party making the referral. In reviewing the information received, make certain that all related data that could be of import in making a realistic decision concerning the student is available (including classification of the child's language dominance as determined by a district-wide screening). Review these records and complete the *Referral Analysis* checklist to determine:

1. if there is reason to carry referral into the assessment procedure;
2. if there is indication that non-standard procedures are required to avoid bias;
3. if the situation is one that requires no further investigation;
4. if more data are required to make a decision.

If the answers to 1 and 2 are yes, continue on to Step 2: Identify and convene members of assessment team. If the answer to 3 is yes, notify parents that it has been determined the child does not need assessment. If there is not sufficient information about the child to make these determinations, request additional information from the referring party.

Referral Analysis

	YES	NO
1. Is there evidence that the referring agent has a history of over-referring children from different cultural backgrounds?	____	____
2. Is there evidence that some aspects of the child's physical appearance or mannerisms may have influenced the decision to refer him or her?	____	____
3. Is there evidence that the referring agent has misinterpreted this child's actions or expression due to his or her lack of understanding of cultural differences between him/herself and the child?	____	____
4. If the child is new to the school/classroom/community, is there evidence that this factor may have influenced the decision to refer?	____	____
5. Is there evidence that simple disruptive or inappropriate classroom behaviors may have influenced the decision to refer the child?	____	____
6. Have the parents/guardians been informed, in their primary language, of the referral? Do they concur?	____	____
7. Is there evidence that reasonable attempts to resolve the problem in the classroom have been made?	____	____
8. Is the need for further assessment indicated on the basis of the referral information?	____	____
9. Is there indication that non-standard procedures are required to avoid bias?	____	____
10. Is the referral legitimate?	____	____
11. Is more data required?	____	____

Step 2: Identify and convene members of assessment team according to child's presenting problem(s). The team must meet the regulated requirements of P.L. 94-142 and, further, must include a cultural advocate as indicated on page 3. Determine areas to be assessed.

Based on the questions which arise out of review of the referral information, an assessment plan should be devised. The plan should detail *why* the assessment is being conducted, *what* assessment techniques will be used, and *who* will conduct the assessment. The assessment plan:

- is based on questions raised by referral analysis
- is developed sequentially
- designates
    1. assessment objectives
    2. specific techniques to be utilized
    3. indication that each technique is appropriate to the child
    4. person responsible
    5. completion date
    6. review meeting place and date
    7. written parental consent
- is used to explain assessment to parents

When conducting assessments for a particular child, the team should maintain a positive regard for cultural and linguistic differences. Honoring non-Anglo languages and cultures should be a matter of policy—throughout the entire educational process. In support of such a view, the following assumptions should be kept in mind:

1. In viewing the child's past and present behavior, we cannot ignore the values, customs, beliefs, and languages with which the child has been raised. Assessment data is collected within a socio-cultural framework so that the identification of learner differences is related to environmental demands and associated with specific reference groups rather than attributed solely to conditions within the learner. School and home expectations, social role conflicts or differences in standards of performance should be clearly delineated. What may be normal, intelligent, resourceful behavior in one social setting may be deemed abnormal by the schools. The question then becomes, "Can this conflict be resolved or accommodated in the regular education setting without labeling a child handicapped?"
2. Each referral must be analyzed individually and assessment techniques selected which are specifically appropriate to each situation. This procedure means that for each learner, the information sought is clearly specified and can be directly translated into an individual instructional program. In other words, a standard test battery administered to every child is clearly not appropriate.
3. Parents are viewed as equal and knowledgeable partners in this process. Parental involvement and informed consent are sought throughout the assessment and instructional planning process not just as a courtesy but as a legal right which the schools must extend to parents.
4. The assessment process consists of several phases, which are to be followed in sequential order. These phases reflect a continuum, moving from an emphasis on the learner's environment to an emphasis on the learner's internal attributes. This is in keeping with the sociocultural framework which looks first at environmental demands before making decisions about a learner's ability to cope with these environments. The assessment process is stopped as soon as sufficient data on the learner's instructional needs have been gathered and decisions can be made for placement and programming. Data from one phase are used to make decisions on what needs to be collected in the next phase. For example, language dominance data must be provided before attempting any educational assessment; hearing data must be available before testing for auditory discrimination difficulties, etc.

The following information provides a suggested sequence for planning a child's assessment. For a listing of possible areas to be assessed, see Figure 1, p. 9.

Phase I: School Variables

The emphasis in Phase I assessment is on situational variables relating to the problem for which the pupil was referred. Phase I consists of four major information sources: (1) school history; (2) school observation; (3) interview with pupil, school personnel; and (4) language dominance data.

Possible Decisions

1. Continue current program with no change, collect additional data.
2. Modify current program.
3. Place in alternative regular education program.
4. Proceed to Phase II Assessment.

Phase II: Educational Variables

Phase II is a skills-based assessment. The purpose of this phase is to specifically determine which skills the pupil has not attained to criterion level (as determined by grade level, age expectancy, or according to the goals of the program) in order to plan for appropriate educational interventions. Conclusions regarding the pupil's abilities cannot justifiably be drawn from the results of such assessment data, since research has indicated that a pupil's failure to succeed in school and to behave in accordance with its norms are due to a number of factors (i.e., socioeconomic status, self-esteem, differing cultural values and mores affecting style of learning, different language backgrounds) which are confounded with ability measures. Rather than judging the pupil at this point to possess limited capacity to learn, linguistic/cultural differences should be taken into account in an attempt to modify the educational environment and techniques employed in teaching the pupil so that the conditions of skill can be met. Phase II consists of: (1) language dominance/proficiency, (2) DIS (Designated Instruction and Services) assessment as required, (3) educational assessment, (4) social/affective functioning, and (5) vocational/career assessment.

Possible Decisions

1. Modify current program.
2. Place in alternative regular education program.
3. Place in Resource Specialist program.
4. Place in DIS service.
5. Proceed to Phase III assessment.

Phase III: Adaptive Behavior and Medical/Developmental Variables

The emphasis in Phase III is on evaluating the degree to which the pupil's educational progress may be related to intervening medical difficulties and substantiated or mediated by the pupil's ability to cope with environmental demands outside of the classroom. Phase III consists of: (1) formal adaptive behavior, (2) medical assessment/developmental history, (3) additional DIS assessment as required.

Possible Decisions

1. Modify current program.
2. Place in alternative regular education program.
3. Place in Resource Specialist Program with or without DIS services.
4. Place in DIS service alone.
5. Provide non-public school services in isolation or in combination with Resource Specialist and DIS services.
6. Place in physically handicapped special class placement with or without DIS services.
7. Proceed to Phase IV assessment.

Phase IV: Ability Variables

Only after the potential influence on the pupil's presenting problem of medical or organic factors has been determined and assessment of the pupil's adaptive behavior has been made, is the influence of the pupil's disabilities on the presenting problem considered. The information sources in Phase IV are: (1) psycholinguistic and sensory-motor data, (2) psychological adjustment, and (3) intellectual functioning.

Possible Decisions

1. Modify current program.
2. Place in alternative regular education program.
3. Place in resource specialist program with or without DIS service.
4. Place in DIS services.
5. Place in a special class (learning handicapped, communicatively handicapped, physically handicapped, or severely handicapped).
6. Provide nonpublic school services in isolation or in combination with public school services.
7. Refer to state school for more in-depth assessment and possible placement.
8. Recycle to any previous phases of assessment.*

**Adapted from: "Cross Cultural Educational Assessment Skills Workshop: Training Process and Materials", Pasanella, Sales, and Volkmor; California Regional Resource Center, 1979.*

Possible Areas for Assessment

1. Educational Assessment
   a. Pupil developmental progress in specific skill areas
   b. Achievement in subject areas
   c. Learning style
   d. Strengths and weaknesses

2. Social-Emotional Assessment
   a. Social-psychological development
      1) Attending-receiving
      2) Responding
      3) Valuing
      4) Organizing
      5) Characterizing
   b. Self-help skills

3. Physical Assessment
   a. Visual
   b. Hearing
   c. Speech
   d. Motor-Psychomotor
      1) Gross motor
      2) Fine motor
   e. Medical Health

4. Cognitive Assessment
   a. Intelligence
   b. Adaptive behavior
   c. Thinking processes
      1) Knowledge
      2) Comprehension
      3) Application
      4) Analysis
      5) Synthesis
      6) Evaluation

5. Language Assessment
   a. Receptive
   b. Expressive
   c. Nonverbal
   d. Speech
   e. Concepts

6. Family
   a. Dominant language
   b. Parent-child-sibling interactions
   c. Social service needs

7. Environment
   a. Home
   b. School
   c. Interpersonal
   d. Material

Step 3: Determine division of labor

Based on the assessment plan, assign areas of assessment to appropriate team members, or solicit additional staff as necessary. When assignments have been made for conducting the assessments, each evaluator should complete the "Characteristics of the Examiner" checklist to determine whether he or she is likely to conduct a nonbiased assessment.

The child's characteristics must be taken into consideration at every step of the evaluation process. The assignment of psychologist, case worker or diagnostician should be made with the language and cultural background of the child in mind. The selection of tests and materials should also depend on the characteristics of the child's performance pattern. For example, special note should be made of possible indicators of cultural bias, such as an error made on an item whose difficulty is far below that of those which the child solved correctly. Finally, the language and cultural background of the child should be kept in mind when interpreting test results, with special attention to patterns of success and failures across different tasks, which may reflect the child's acculturation and early life experiences. The child's behavior during testing must be viewed in the light of what he/she is presumed to bring to the testing situation. Refer to the "Characteristics of the Child" checklist in assessing the importance of a child's background when interpreting his/her test performance.

Characteristics of the Examiner

		YES	NO
1. Am I familiar with the cultural experience of the child being tested?	(desirable)	____	____
2. Do I have general knowledge of the child's community culture?		____	____
3. Do I have general knowledge of the cultural expectations of the child's community (educational, vocational, social.)		____	____
4. Can I select appropriate instruments for the assessment process, understanding and utilizing the guidelines of validity, reliability, etc.?		____	____
5. Can I apply a sufficient grouping of instruments to insure a valid measurement of learning skills?		____	____
6. Am I sufficiently familiar with the test instructions to attend to the child's behavior, rather than to the instruction for the next activity?	(essential)	____	____
7. Has a referral process been followed that results in complete and accurate culture-fair referral information being available to the assessment process?		____	____
8. Am I able to establish rapport with the child being tested?	(essential)	____	____
9. Am I sufficiently aware of the child's behavior (such as facial expression, attending behavior and interest) to determine the child's understanding of the test demands?	(essential)	____	____
10. Can I separate my experiential background (and resulting prejudices) from that of the student?		____	____
11. Am I relatively free of expectations and attitudes which might affect the child's approach to the tasks presented?	(desirable)	____	____
12. Am I aware of the manner in which the child's unique use of language can affect his or her response to test items?		____	____

Characteristics of the Child

		YES	NO
1. Should the test be administered in the child's primary language, or in some combination of languages (if the child is bilingual)?	(essential)	____	____
2. Should the examiner be sensitive to culturally-related differences in the child's syntax?	(essential)	____	____
3. Should the examiner be aware of any difficulty in the child's understanding of the examiner's pronunciation?	(essential)	____	____
4. Should the examiner be sensitive to the possibility of the child's finding certain sounds in the examiner's speech difficult to discriminate?	(desirable)	____	____
5. Should the examiner consider differences between what is valued in the child's own culture and the behavior that is necessary for success on the test (e.g., speed of test completion, or competition may not be highly valued in another culture)?	(desirable)	____	____
6. Should the examiner be aware of any behavioral attributes which might have interfered with the child's test performance (such as shyness, distractibility, impulsiveness, disorganization, hyperactivity, etc.)?	(essential)	____	____
7. Should the examiner be sensitive to the child's own perceived likelihood of success and its influence on his/her test performance?	(desirable)	____	____
8. Should the examiner be aware of any child reaction to the examiner's status (as a school adult, as an adult/female, as the "gatekeeper of special education") in evaluating the child's test behavior?	(desirable)	____	____
9. Is the child free of specific physical or sensory handicapping conditions which would adversely affect performance on the test?	(essential)	____	____

When selecting tests to use with an individual child, keep in mind that testing is only one part of a comprehensive assessment process. Other information should include observational data, developmental histories, medical histories, family histories, and parent interviews (or information from individuals fulfilling the parent role). Also remember that P.L. 94-142 states that no one test or type of test or other means of evaluation may be used as the sole criterion for placement in special education.

Test data is normally used for at least two purposes in special education. First, it provides a part of the information which determines the child's eligibility for placement in a specialized program. Second, it serves as part of a total assessment of a child's overall intellectual functioning, including his intellectual development, social-emotional adjustment, developmental progress, current level of academic skill, etc. Information obtained from this total assessment may be used to shape the child's educational program to meet his/her individual needs. Test bias can interfere with the validity of the conclusions drawn in the second case (programming), but the use of test scores to make placement decisions is susceptible to especially large errors which may work to the detriment of culturally different children. The use of tests with these children and without corroborating evidence (such as parent interview information) may result in incorrect blanket assumptions about the child's skills. The "Evaluating Tests for Cultural Appropriateness" checklist may be used as a guide for appropriate procedures that can be employed to avoid most of the pitfalls inherent in this process.

A test must be technically adequate before the scores derived from it can be considered significant for decision-making purposes. The technical adequacy of the test should be judged by the adequacy of its standardization, the reliability of the test and the test's validity. (Refer to Section Five for descriptions of these terms.) No test will qualify on every item. After carefully examining the testing manual and the accompanying materials, and completing the cultural appropriateness checklist, use the "Technical Adequacy" checklist to insure that the test is appropriate for your use.

Evaluating Tests For Cultural Appropriateness

	YES	NO
1. Is the content culturally appropriate?		
a. Are the skills necessary for success on this instrument directly related to the assessment objectives?		
b. Considering what you know about this student, can you say that items or illustrations on this instrument do not represent unfamiliar or misleading content?		
c. Considering what you know about this student, can you say that the items on this instrument are free of unfamiliar or conflicting values?		
d. Does the test manual or research literature report no differences in performance which are related to sex or sociocultural background?		
e. Will the information being obtained from this instrument easily assist in defining instructional interventions for this student?		
2. Is the language appropriate?		
a. Is this instrument free of vocabulary that is colloquial, regional and/or archaic?		
b. In assessing abilities other than language, does this instrument avoid heavy reliance on receptive and expressive English language ability?		
c. Is there a parallel form of the instrument available in this student's native language or dialect?		
d. If there is a parallel form, are the items equivalent in difficulty and intent to the English version?		
e. Is there someone available to administer the test in the child's native language?		
3. Are the prerequisite skills demands appropriate? Such as:		

— reading level of questions/directions?
— ability to work rapidly?
— understanding of answer selection and marking procedures?
— others?

Evaluating Tests For Technical Adequacy

		YES	NO
1. Does the test author describe the specific purposes for which the test is designed?	(essential)	____	____
2. Are warnings given concerning common misuses of test results?	(essential)	____	____
3. Are the limitations of the test carefully described in the manual?	(desirable)	____	____
4. Has the test been recently standardized or restandardized?	(desirable)	____	____
5. Does the author describe the group on whom the test is standardized in terms of:			
a. geographical region	(essential)	____	____
b. sex	(essential)	____	____
c. socioeconomic status	(essential)	____	____
d. age and/or grade	(essential)	____	____
e. number	(essential)	____	____
f. specific handicapping conditions	(essential)	____	____
g. ability level	(essential)	____	____
6. Has the individual you are testing had *comparable* (though not necessarily identical) background experiences as those in the standardization group?	(essential)	____	____
7. Are the behaviors sampled by the test clearly described?	(essential)	____	____
8. Are the test directions sufficiently clear and straight forward so as to minimize confusion in administration and scoring?	(essential)	____	____
9. Does the test author provice evidence for the reliability of the test in terms of:			
a. internal consistency	(desirable)	____	____
b. test-retest reliability	(essential)	____	____
c. alternate form reliability	(desirable)	____	____
10. Are standard errors of measurement (SEM) provided for the test and each of its subtests?	(essential)	____	____
11. Does the author provide data regarding the SEMs of the test for each age/grade level and for specific sub-populations?	(desirable)	____	____
12. Are the procedures and samples used to determine reliability adequately described?	(essential)	____	____
13. Is the reliability sufficient to use the test for decision-making (such as placement)?			
a. $r_{XX} > .90$	(desirable)	____	____
b. $r_{XX} > .80$	(essential)	____	____
14. Are the reliability studies sufficient to assure you that the test is a reliable measure of the behaviors it is designed to sample?	(essential)	____	____
15. Does the author provide evidence of validity for each specific purpose for which the test is designed?	(desirable)	____	____
16. If the test is an achievement test:			
a. Is there evidence for content validity (i.e., evidence that the test measures the content it claims to measure)?	(essential)	____	____
b. Is the content measured relevant to the curriculum used with the children you are testing?	(essential)	____	____
c. Are the behaviors sampled by the test representative of the wide range of behaviors which could be sampled?	(desirable)	____	____

17. Does the test manual furnish information regarding the predictive validity of the test, stating how well the test correlates with potential achievement or development? (essential) _____ _____

18. Does the test manual furnish information regarding the test's concurrent validity, stating how well it correlates with other tests or measures which sample the same behaviors? (essential) _____ _____

19. Does the test manual present evidence of validity for each kind of inference that could be made about the child using test data? (desirable) _____ _____

20. Has the publisher found the content of the test to be equally familiar across cultural groups? (desirable) _____ _____

21. Is the syntax, at least of the verbal test items, in common standard English, instead of complex, formal, "super-standard" English (e.g., "However, in and of itself," Gates-MacGinitie Comprehension Subtest — D, Form 1)? (essential) _____ _____

22. Do the test items take into account differences in values and adaptive behavior across subgroups (e.g., without penalizing children from those groups where violent solutions to interpersonal conflicts are encouraged and preferred)? (desirable) _____ _____

23. Are the test items relatively free of vocabulary items that have different meanings for different cultural groups? (desirable) _____ _____

Step 5: Conduct assessments and review results; prepare written assessment reports

According to the assessment plan, Child Study Team members examine the level of the child's social, cognitive, physiological, and educational functioning using appropriate non-biased assessment instruments and procedures. In implementing the child's assessment, several factors should be considered:

1. assessments can only be conducted *after* written parental consent has been obtained;
2. conduct the assessments according to the plan developed by the team (see pp. 7-8);
3. conduct assessment in manner appropriate to the individual's needs and characteristics;
4. assessments are used to develop a written summary of results;
5. results are used as the basis of IEP planning.

Each assessor should prepare a report of his or her findings. To assure that the physical environment in which the child was tested did not bias the assessment, complete the "Testing Conditions" checklist. Ideal circumstances usually cannot be created and the examiner must rely on his/her own judgment to determine the effect that external stimuli, distracting noises, or the child's behavior may have had on test performance.

In reviewing the results of the assessment and preparing individual reports, assessors should verify that the following criteria have been met:

_____Evaluation contains a concise statement of specific results.

_____Problem areas have been identified by evaluation.

_____Problem areas have been identified by behavioral observation.

_____Evaluation contains a concise statement of strengths and weaknesses.

_____Information is relevant to educational planning.

_____Information describes conditions which influence ability to perform tasks.

_____Direct observation of child in academic and social conditions has been included.

_____Setting in which evaluation occurred is described by evaluator.

_____Tools or processes used in evaluation are identified.

_____Report is written in understandable language.

When completed, each individual report and all other information acquired to date is assembled and synthesized into a comprehensive report to be used by the IEP team.

"Persons who prepare assessment reports should always keep in mind that the data will be used by the IEP team to make critical decisions and to create a product—the IEP. The types of information the IEP team needs from the assessment report are:

1. a statement of present levels of performance, stated in behavioral as well as in clinical terms,
2. the implications of such levels on eligibility and programming;
3. recommendations for goals/objectives and for special techniques;
4. supporting data including:
   a. test results: The tests administered for placement should be specified, and their conclusions should be clear. The techniques used to obtain programming assessment data should present information in appropriate instructional areas, such as the various aspects of reading (comprehension, word attack, etc.) If instruction is needed in physical areas, the report of a specialist might be needed to describe what these areas are, what to do, and where to begin.
   b. descriptions of any conditions that may have affected the validity of the tests used, including any obvious disabilities and situational variables.

Since the IEP team may not be trained in the technicalities of assessment, and may not understand the "jargon" frequently found in assessment reports, all information should be presented in understandable terms. IEP teams can include parents, classroom teachers, administrators, and even the child assessed, when appropriate.

In summary, the assessment report given to the IEP team should be:

- relevant to instructional planning,
- brief and to the point,
- written in understandable language, and
- consistent with the requirements of P.L. 94-142.

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The following three-step process is suggested for synthesizing the individual reports into a comprehensive report:

1. Identify the data from the reports of various assessment practitioners that relate to Physical Development, Cognitive Development, Social/Emotional Development, Educational Performance.
2. Group the assessment findings under each major heading.
3. Rewrite and edit each list to eliminate redundancy, to reflect critical results, and to provide statements of the child's present level of functioning with an identification of strengths and needs.

The assessment data should be grouped into four major areas: Physical Development, Cognitive Development, Social/Emotional Development, and Educational Performance. These areas are chosen because they are commonly used and generally understood as educational assessment terms. They are convenient for organizing evaluation data, broad enough to include all major assessment areas, and yet specific enough to present the different kinds of information provided by the varied professionals who may contribute to the assessment. Assessors may choose to use additional or alternative categories.

This initial synthesis will begin to give an overall picture of the child's present level of functioning. It may also give some idea about what may be behind particular behaviors and impaired functioning, and it can show how the four areas are related to each other. Care should be taken to call attention to areas where a particular condition, such as physical development, may affect behavior in another area, such as social/emotional development.

In reporting the data to the IEP team, the assessor must remember that the IEP team is required to place the student in the least restrictive environment. The assessment data should, therefore, reflect the student's performance capabilities in as many alternative placement settings as possible, so that the IEP team can make the most informed placement decision.*

**From* "Writing Individualized Assessment Reports in Special Education: A Resource Manual." *National Association of State Directors of Special Education, December 1978.*

Testing Conditions

		YES	NO
1. Were the room conditions appropriate? (i.e., comfortable, well-lighted, well-ventilated, etc.?)	(essential)	_____	_____
2. Was the test setting free from external distractions (such as outside noise) and interruption?	(essential)	_____	_____
3. Were verbal directions stated clearly and loudly?	(essential)	_____	_____
4. Did the student seem to understand what was asked of him/her?	(essential)	_____	_____
5. Did the testing conditions conform to those suggested in the test manual?	(essential)	_____	_____

Step 6: Make determination regarding eligibility of child for special education

Each child's need for special services should be determined from the assessment report. Eligibility for placement in special education must be made in accordance with the Guidelines and Criteria enumerated in the Alaska Special Education Handbook, Chapter 5, pp. 5.1-5.4, and Chapter 7, pp. 7.2-7.8. Children determined eligible are referred for an Individualized Education Program. Children not determined eligible should be recommended for the most appropriate placement within the school district outside of the special education program.

Test Matrix

This compilation of tests is based on lists provided by returned questionnaires, and include tests that have actually been used in a bilingual/bicultural setting. An attempt has been made to include information that might be valuable to school personnel in selecting instruments for use in any of six areas, singly or in combination, to identify the child eligible for special education.

Other tests may be appropriate for non-biased assessment. If you know of such, please inform the State Department of Education via the input form found at the back of the manual.

It is also suggested that you keep test results so that in time, local norms can be derived. If you have interest in participating in test research, please use the input form to indicate your interest.

The State of Alaska does not endorse the following tests as non-biased or culture-free.

Tests Presently Used By Alaskan School Districts 1979

(codes) AREA: AdB = Adaptive Behavior, Ach = Achievement, Cog = Cognitive, P-M = Perceptual Motor, S/E = Social/Emotional, La = Language
Administered to: G = Group, I = Individual Administered By: P = Psychologist, T = Teacher, Pp = Paraprofessional

AREA	GRADE/ AGE	TEST TITLE	DESCRIPTION	NON-BIASED CONSIDERATIONS	ADM TO	ADM BY	PUBLISHER
AdB	3-up	AAMD Adaptive Behavior Scale for Children and Adults	A behavior rating scale for MR & ED persons. Consists of 110 individual items describing behaviors important in maintaining personal independence in daily living and in fulfilling social expectations of the environment. Part I is organized along developmental lines. Part II measures in 14 domains maladaptive behavior related to personality and behavior disorders.	Some items not applicable in some cultures.	I	SW P,T	Ed Mark Assoc.
S/E	Gr. 2-6	AAMD Adaptive Behavior Scales Public School Version	Designed to aid school personnel in obtaining a measure of a child's adaptive behavior and secondarily to suggest those areas of functioning where remediation might be applied. The rating scale may be completed by an individual who is well acquainted with the child.	Ethnic minorities in SE Alaska score no differently than Whites (apparently).	I	T, P, SW	Ed Mark Assoc.
AdB, Cog	5-12 yrs. (a part of SOMPA)	Adaptive Behavior Inventory for Children (ABIC)	Seven subscales, 24 items (e.g., family role performance, peer group role performance, student role performance)	Long interview with parent(s) required. Some cultures consider this very rude.			Psychological Corporation
AdB, La	Birth-12½ yrs.	Alpern-Boll Developmental Profile by G.A. Alpern, c. 1972	A multi-dimensional inventory of skills designed to assess a child's development. Child's profile consists of 5 skill ages which identify the age level at which child is functioning in the physical, self-help, social, academic and communication areas.	Purports to be free of racial, sexual and cultural bias.	I	T	Psychological Development Publications
			The 5 areas are: physical, self-help, social, academics, and communications. The items are arranged in 6-month intervals from 0-3-½ and thereafter in yearly intervals. The format is designed for an interview or to be self-administered by the child's parents.				

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AREA	GRADE/ AGE	TEST TITLE	DESCRIPTION	NON-BIASED CONSIDERATIONS	ADM. TO	ADM. BY	PUBLISHER
La	Ages 3-11 Mental ages 2-14+	Arizona Articulation Proficiency Scale	The AAPS uses pictures of common objects or sentences to be read to elicit production of consonants, blends and vowels by the subject. Administration time is 10-15 minutes. A weighted score is assigned to each target phoneme reflecting its relative frequency of occurrence in conversation; the score is subtracted from 100% to give a "percentage representing the client's intelligibility." Norms are given for ages 3-11, with recommended cutoffs for normal acquisition. No explanation of how the cut-off levels were obtained is given. The scoring does not indicate the *type* of misarticulation. The AAPS is best applied as a screening device.	SES and ethnicity of the standardization population is not specified in the manual; use with non-cultural mainstream children is cautioned.	I	Spch Clin.	Western Psychological Services
La	Ages 3-7	Assessment of Children's Language Comprehension	The ACLC gives 4 scores: vocabulary, two, three, and four critical elements. The first requires the child to give single-word replies to pictorial stimuli. Later items require the subject to remember two, three, or four contentive words to respond correctly. The test is designed to separate the ability to remember and understand single words from the ability to remember and understand more lengthy stimuli.	Normative data was based on very small groups from restricted geographical areas. Specific interpretation of test results using the norms is not recommended.	I/G	T	Consulting Psychologists Press
Cog. P-M	2 mo.- 30 mo.	Bayley Scales of Infant Development	No predictive validity is reported, but reliability is high and the standardization is well-done, using representative U.S. population, controlled for sex, race, and education of head of household. Identifies age-specific behaviors, emphasizes behavioral observation and suggests curriculum sequences based on mastery. Yields a Mental Development Index and a Psychomotor Development Index.	Relatively culture free.	I	Spec.	Psychological Corporation
La	K-2 gr.	Boehm Test of Basic Concepts	This is designed as a screening device for verbal understanding. It is comprised of 2 booklets, each containing 50 picture items. The booklets are not intended to be equivalent forms, but are both to be administered. Suggestions are made in the manual on how to use the results to plan remedial instruction.	Excellent test to measure understanding of the 50 most common relational concepts that teachers most often use in administering instruction in class. Informal measurement of basic competency in the English language. Useful only for gr. K-3. Very useful in cross-cultural settings.	G	T	Psychological Corporation

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La	Gr. 1-12	Botel Reading Test by M. Botel, c. 1962	To determine instructional, independent, and frustration reading levels. Consists of a word recognition test which measures oral reading, a word opposites test which gives an estimate of comprehension and a phonics mastery test to determine word attack skills. Untimed.	Norms biased for non-standard English speaking students. Use local norms or as diagnostic tool only, not grade level.	I	T/Sp	Follett Publishing Company
S/E	Preschool through 8th grade	Burk's Behavior Rating	The Scale is a rating of child behavior by the parent, teacher, etc. As a result, it should be interpreted as a *judgement*, and not an observation of behavior. There is no data on reliability and no norms. Its recommended use is as a method of organizing evaluations of child behavior. The rating areas include: self-blame, anxiety, withdrawl, dependency, ego strength, physical strength, coordination, intellectuality, academics, attention, impulse control, reality contact, sense of identity, suffering, anger control, sexuality, aggressiveness, resistence, and social conformity.	Ratings of behavior by a 2nd or 3rd party observor call for two cautions: 1) the categories are often highly subjective, and individuals from different contexts may disagree as to the interpretation or importance of a behavior; and 2) cultures assign different values to some behaviors. As a result, the conclusions of the evaluator may tell as much about him/her as about the subject.		T, P, parent	Arden Press
Ach	Preschool to adult	California Achievement Test	Tests reading, mathematics and language at five different grade levels.	Biased when used with non-standard English speaking students.	G	T	California Test Bureau
La	3-adult	Carrow Elicited Language Inventory (CELI)	Uses technique of eliciting imitation of sentences to obtain information on the child's grammatical system (which linguistic structures have/have not been mastered by the child). Testing kit includes practice tape for test administrator.	Criterion and/or diagnostic. Useful in any culture for programming purposes. Use local reference groups for placement purposes.	I	Spch Clin.	Lyons & Carnahan
Cog	3-30 months	Cattell Infant Intelligence Scale (The Cattell)	The Cattell, one of the oldest tests of infant development, is an attempt to offer a "downward revision" of the Stanford Binet. It requires only 20 to 30 minutes to administer, and the "IQ" type score produced has a very high correlation (.90) with the Bayley prenatal Development Index. Generally, low scores on the Bayley are more predictive than high ones.	The Cattell was originally normed on a group of "lower middle class" Boston children.	I	P	Psychological Corporation

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Psych Pro-jec-tive	Ages 3-10	Children's Apperception Test (CAT)	The CAT is a projective test similar to the TAT in purpose and method, with the exception that animal, rather than human, figures are used for the CAT. Two supplement CAT tests are available; one provides additional stimulus cards, the other "equivalent" human figure drawings.	(See considerations for "House-Tree-Person" Test.)	I	P	CPS, Inc.
Other	Grades 2-10	Classroom Reading Inventory (Silvaroli)	The CRI gives 6 scores: word recognition, independent reading level, instructional level, frustration level, hearing capacity level, and spelling. Three forms (A, B, C) are available. It is intended to be a quick measure of word recognition and reading comprehension. It is not appropriate for close diagnostic work. There are no validity data and no norms. Time for administration is about 12-15 minutes.	The CRI does not appear to offer any significant problems of cultural bias, since it offers no norms.	I	T	
Ach	5-7 yrs.	Clymer-Barrett Pre-reading Battery	Measures skills essential to learn to read. Subtest covers areas visual discrimination, auditory discrimination and visual-motor coordination. Time 30 minutes.		I	T	Personnel Press, Inc.
Cog	4-12 yrs.	Columbia Test of Mental Maturity, 1959 revised edition	A nonverbal test designed to measure intelligence of handicapped children. The untimed test utilizes perceptive discriminations involving color, shape, size, use, number, kind, missing parts and symbolic material. Subject responds by selecting picture in series which is different or unrelated to others. Each of 100 items has a series of 3 to 5 drawings. Provides mental ages score 3-12. Time 15-20 min.	Useful for most part. Use care in interpreting some concepts as they are not used across cultures.	I	P	Harcourt Brace Jovanovich, Inc.
Cog	7-19 yrs.	Comprehensive Test of Basic Skills (CTBS)	This test gauges skills necessary for studying and learning in subject-matter courses. 10 subtests.		G	T	California Test Bureau

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Cog	Scale I, 4-8 yrs. & MR adults Scale II, 8-13 yrs. & avg. adults Scale III gr 10-16 & superior adults	Culture Fair Intelligence Test (3 scales) (by Cattell)	Scale I is identical with Darlington Scale of *Cattell Intelligence Tests*. Scale is on 18 tests, each composed of only one item type. 13 tests drawn from tests in common use. Tests presumably measure g factor. (22-60 min.) Scale II & III have four subtests: series, classifications, matrices and conditions. Each have Forms A&B. Time: 30 min. each.	Items very complex and difficult. Test as a whole has limited utility in assessment process. Children tend to get easily discouraged and lose interest in test.	I	P	Bobbs-Merrill Company
AdB, P-M La	2 wks. to 6 yrs.	Denver Developmental Screening Test	This is designed to be a simple, standardized, instrument for the detection of children with serious developmental delays. It may be used by persons with no training in psychological testing. The DDST is composed of 105 items which measure development in four areas: personal-social, fine motor-adaptive, language and gross motor.	May be culturally biased.	I	T	Ladoca Project & Publishing Foundation, Inc.
La	3-10	Developmental Syntax Program	Programmed instruction approach to syntactical problems in expressive language. Used with students who have normal receptive language. Supplies lesson plans and activities.		I	Spch Clin.	Learning Concepts
P-M	Short form Ages 2-8 Long form Ages 7-15	Developmental Test of Visual-Motor Integration (VMI)	The VMI resembles the Bender-Gestalt test; it differs from the Bender by providing more stimulus cards (24 or 15) and covers a wider age range. The test requires the subject to reproduce a geometric figure. The authors describe the VMI as a "tool for educational assessment and identification and remediation of learning disorders." The ability of the VMI to identify the learning disabled has not been demonstrated; nor has it been proven that the skills assessed by the VMI are necessarily meaningful and useful for educational success. Teachers concerned with a student's visual-motor ability could easily use a task that was better related to educational criteria: Writing letters and numbers, drawing common geometric shapes, etc.		I/G	P	Follett Publishing Company

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AREA	GRADE/ AGE	TEST TITLE	DESCRIPTION	NON-BIASED CONSIDERATIONS	ADM TO	ADM BY	PUBLISHER
Ach	Gr. 1-8 Slow readers Gr. 9-12	Diagnostic Reading Scales (SPACHE)	Test designed to assess oral and silent reading skills and auditory comprehension. Pinpoints deficiencies that interfere with reading ability and indicate instructional, independent and potential level of reading.	Good diagnostic instrument. Do not use grade norms for bi-lingual students unless locally normed.	I	T	California Test Bureau
AdB P-M		DIAL (by Carol Mardell and Dorothea Goldenberg)	This screening test is for identifying prekindergarten children with potential learning problems. 6-8 children can be screened per hour. Four areas of functioning are assessed: gross motor, fine motor, concepts, communications. The test was normed on a population of 4400 children.	Good screening devise. Use local norms (lower end of scales). Verbal section biased for non-standard English speaking students.	I	T,Pp	Dial Inc.
Psych Projective	Ages 5 & over	Draw-a-Person (DAP)	The DAP consists of a manual, record booklet and interpretive booklet. Clinical interpretations of children's figure drawings (supposedly an unconscious projection of the self image) are guided by "features" or "signs" annotated in the manual. Little research for the validity of the sign approach to diagnosing personality characteristics exists, so the DAP, like other projectives, is best used in the context of a battery of tests.	Suggested interpretations for some features may be very culture-bound (e.g., emphasized or flared nostrils indicating anger.) See HTP considerations above.	I	P	Western Psychological Services
Ach	Grades 1-6	Durrell Analysis of Reading Difficulty (New Ed)	Consists of 13 subtests in which teacher may observe different aspects of a student's recognition and comprehension skills in detail. Subtests cover oral reading, silent letters, listening comprehension, word recognition and analysis, naming letters, identifying letters, visual memory of words, hearing sounds in words, learning to hear sounds in words, learning rate, phonic spelling, etc. Time 30-90 min.	Biased when used with non-standard English speaking students. Can be used as diagnostic or criterion referenced test but do not use grade level norms with these students. Local norms are best.	I	T	Harcourt Brace Jovanovich, Inc.
Ach	Grades 1-9	Durrell Listening-Reading Series	Series of tests for use in primary, intermediate and junior high school. Instrument consists of a reading test and a parallel listening test that measures understanding of spoken word. Time 70-90 minutes.		I/G	T	Harcourt Brace Jovanovich, Inc.
Other	ages 6 and over, 10 and over	Elizur Test of Psycho-Organicity: Children and Adults (ETPO)	The ETPO is made up of 3 parts: drawing, digit recall and block design. The subtests are very much like other popular block design (Koh's) and drawing (Benton Visual Retention) tests. Validity and reliability data for the test are inadequate. Its use in educational-diagnostic efforts is limited.		I	P	Western Psychological Services

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La	Preschool to adult (1) Grade 3 to adult (2)	Fisher Logemann Test of Articulation Competence: 1) picture test 2) sentence articulation test	The FLTAC picture test provides 109 picture stimuli used to elicit single word productions. The sentence test offers 15 sentences. The record form is organized to provide identification of the relationship between feature production and error sound. The FLTAC attempts to uncover "commonalities" of the errors. The test is well organized, but should be used only as a set of procedures for analyzing articulation patterns. It does not provide cut-offs for decision-making, which is still left to the judgement of the clinician. Administration time is 40-45 minutes.	Notes in the manual allow the examiner to identify performance respective to some dialectical patterns. No source is provided for the norms.	I	Spch Clin.	Houghton-Mifflin Company
Ach	Gr. 1-6	Fountain Valley Teacher Support Systems	Evaluates phonetic analysis, structural analysis, vocabulary development and comprehension. Criteron-referenced systems.	Criterion evaluation only.	I	T	Richard L. Zweig Associates
P-M	Ages 3-8	Marianne Frostig Developmental Test of Visual Perception, Third Edition (Frostig Test)	The Frostig test contains five subtests: 1) eye-motor coordination 2) figure-ground; 3) constancy of shape 4) position in space; 5) spatial relationships. Administration time ranges from 30 to 45 minutes for individuals, 40 to 60 minutes for group administration. Raw scores are converted into a "Perceptual Age" score for each of the subtests, and a total "Perceptual Quotient" is derived. "Perceptual Quotient" scores have been found to be fairly good predictors of reading achievement and readiness up to the first grade level but drop drastically at the 2nd and 3rd grades. None of the Frostig test scores have much value for predicting specific reading difficulties.	The Frostig test was normed in 1963 on an "overwhelmingly middle-class" standardization sample. Children from minority and low income groups are not represented in the sample. There is no data on sex of the sample subjects. Normative interpretation of the scores is very limited. Teachers might consider developing locally based norms to use the Frostig results for comparative purposes.			
Ach	Grades 1-12	Gates-MacGinitie Reading Tests	The purpose of this test is to assess the ability to recognize or analyze isolated words and ability to read and understand whole sentences and paragraphs. There are five different levels which test various areas. Each level has form 1 and form 2, for a pre-test and post-test. Time 40-60 min.		G	T	Teacher's College Press
Ach	Grades 2-6	Gates-McKillop Diagnostic Tests	Details specific deficiencies in reading performance. It tests oral reading, word perception, phrase perception, blending word parts, giving letter sounds, naming letters, recognizing visual form of sounds, auditory blending, spelling, oral vocabulary, syllabication, and auditory discrimination. Untimed.		I	T	Teacher's College Press

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Cog. P-M	4 wks. - 6 yrs.	Gesell Developmental Schedules by A. Gesell & Assoc., c. 1956	Clinical method for studying the mental growth of the young child. Assesses motor development, adaptive behavior, language development and personal-social behavior. Subscores and postural behavior, prehensory behavior, perceptual behavior, adaptive behavior, language and social behavior.	Relatively culture free on developmental (motor) sections. Use verbal scores with caution.	I	Spec	Psychological Corporation
Ach	Grades 1-8	Gilmore Oral Reading Test	This test was designed to measure three aspects of oral reading: accuracy, comprehension and rate. The Accuracy Subtest score measures fluency and accuracy of word recognition. Time 15-20 minutes.		I	T	Harcourt Brace Jovanovich, Inc.
La	Ages 2 up	Goldman-Fristoe Test of Articulation	Tests child's articulation of sounds in words, sounds in sentences, and stimulability. Three subtests. Film-strip presentation available. Time 10 min.	Bilingual student cannot easily articulate standard sounds. Use local reference group.	I	Spch Clin	American Guidence Services, Inc.
La	3-up	Goldman-Fristoe-Woodcock Auditory Skills Battery	This battery is designed to identify children who are deficient in auditory skills and to provide information describing these deficiencies. The battery consists of 12 tests in 5 easel kits. Major areas covered are selective attention, auditory discrimination, auditory memory and sound-symbol.	Some cultures do not emphasize auditory area. Those students will be low, yet compare favorably with peers.	I	T,P	American Guidence Services, Inc.
La	Ages 4-up	Goldman-Fristoe-Woodcock Test of Auditory Discrimination	Designed for the purpose of identifying child's ability to distinguish among speech sounds. Measurement takes place during both quiet and noisy conditions by means of pre-recorded tapes.	Some cultures do not emphasize auditory attention. Bilingualism can cause interference.	I	T	American Guidence Service, Inc.
Ach	Grades 1-12	Gray Oral Reading Test	This test was designed to measure oral reading growth and to aid in the diagnosis of oral reading difficulties. Thirteen passages of increasing levels of difficulty are provided. Four forms are available to allow for repeated testing. No time limit, 3-10 min.		I	T	Bobbs-Merrill Company
Ach	Grades 1-8	Gray Standardized Oral Reading Check Tests	Includes four grade levels. Measures pupil progress in rate and accuracy in oral reading. Determines specific nature of problems of poor readers and what can be done to correct these difficulties. Time 1-3 minutes.	Biased when used with non-standard English speaking students. Can be used as diagnostic or criterion referenced test but do not use grade level norms with these students. Local norms are best.	I	T	American Guidence Services, Inc.

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Ach	Grades 1-8	Gray Standardized Oral Reading Paragraphs Test	Measures rate and accuracy of oral reading. Records all errors and hesitations. Emphasizes the process rather than end product of reading. Observations include word-by-word reading, poor phrasing, lack of expression, monotonous tone, finger pointing, loss of place, method of word attack. Time 3-8 minutes.	Biased when used with non-standard English speaking students. Can be used as diagnostic or criterion-referenced test but do not use grade level norms with these students. Local norms are best.	I	T	American Guidence Services, Inc.
Cog	3-16 yrs.	Hiskey-Nebraska Test of Learning Aptitude	This was originally developed as a test of learning aptitude of the deaf. It was revised in 1955 to include norms and instructions for hearing children. It is frequently used with hearing impaired children or those of foreign background. A trained examiner is necessary as the test utilizes pantomine instructions.	Useful for deaf and non-English speaking students. Some items (not many) culturally biased.	I	P	Marshall S. Hiskey
Psych Pro-jec-tive	3 yrs. up	House-Tree-Person (HTP)	The HTP analyzes subjects' drawings of a house, tree and person for dynamic factors relevant to personality variables. Like the D-A-P, the validity of the results derived are largely dependent on the clinical skill of the examiner. It is intended to be used in concert with other clinical instruments.	All projectives run the risk of over-influence from the *examiner's* viewpoint. The extent to which the information can be interpreted usefully is limited by the examiner's understanding of the environment and culture of the subject. A second major limitation is the possibility that the examiner may project his/her own emotions in the interpretation of the test material.	I	P	Western Psychological Services
La	Gr. 2-10	Illinois Test of Psycholinguistic Abilities (ITPA)	Through 12 subtests, it evaluates abilities in the visual-motor and auditory-vocal channels of communication. Two levels of organization (representational and automatic) are recognized. Within these levels 3 psycholinguistic processes (receptive, organizational and expressive) are evaluated. Trained examiner necessary. Time 90 minutes.	Evidence that the psycholinguistic domains are not relevant to skills necessary to learn. Basic content areas. Low criterion validity. Instructions difficult to understand.	I	P	Univ. of Illinois Press
Ach	Grades K-8	Individualized Criterion-Referenced Testing (ICRT)	Testing/teaching system based on set of 329 sequential skills in reading. Objectives listed correlate to instructional resources and series. Eight levels covering range of reading skills; five items per objective in pre and post tests.		I		Educational Progress
Ach	Gr. 1-4	The Instant Word Recognition Test by E. Fry, c. 1971	Criterion-referenced test to measure sight recognition of the Instant words in order to determine the starting point in teaching Instant Words, a graded high-frequency reading vocabulary. May be used to determine general reading achievement for group placement.	Use as criterion only. Must have local norms if grade levels.	I	T	Educational Systems, Inc.

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AREA	GRADE/ AGE	TEST TITLE	DESCRIPTION	NON-BIASED CONSIDERATIONS	ADM TO	ADM BY	PUBLISHER
Ach	8-15 yrs.	Iowa Test of Basic Skills	There are two batteries, primary grades 1.7-3.5 and intermediate 3-8. Subtests of these tests include vocabulary, reading, comprehension, language and word study.	Biased when used with non-standard English speaking students.	G	T	Houghton-Mifflin Company
Other	Scale I: ages 4-8 and MR adults Scale II: Ages 8-14 and average adults	IPAT culture fair Intelligence Test	The IPAT tests represent an attempt to measure "pure" general ability *(g)* irrespective of cultural background. It approaches this task by using either nonsense material which is supposedly universally unfamiliar, or commonplace material intended to be universally familiar. Scale I has 4 subtests hoped to be culture fair: symbol copying, classification of pictures, images, and identification of similar drawings. Four other tests involve "identifying what is wrong" (with pictures) selecting familiar objects, riddles, and following directions. Mental age equivalents and "IQ" scores are provided. Scale II has 4 subtests: Series (completing a sequence of 4 drawings), matrices, classifications (pick the "different" picture), and conditions (a geometric puzzle.)	IPAT scores have been found to correlate positively with social-economic status in the U.S. At this point there is no sound evidence that the test is truly "culture fair."	I	P	Bobbs-Merrill Company & The Institute for Personality and Ability Testing
Ach	Grades K-8 Ages 9-9.5	Keymath Diagnostic Arithmetic Test	This is designed to provide a diagnostic assessment of mathematical skills beyond the four fundamental computation processes. The 14 subtests are organized into three major areas: content, operations, and applications. Each subtest contains items arranged in order of increasing difficulty.	Some bias in the type of information used on the questions; relatively culture fr[illegible]	I	T	American Guidence Services, Inc.
Psych Projective	Ages 5-20	Kinetic Family Drawings (KFD)	The KFD requires the subject to "draw everyone in your family, including you, *doing* something." Little evidence is supplied to support the interpretations suggested by the authors, and the general guidelines for interpretation and diagnosis appear weak.	See HTP considerations above.	I	P	Bobbs-Merrill Company
Cog	Gr. 4-7 7-12	Kuhlman-Anderson Measure of Academic Potential	Purpose of test is to provide a measure of a child's intelligence so that his/her potential may be compared to actual academic performance. Time 22-50 minutes.	Develop local norms! Bias in administration, timing, direction understanding.	I	P	Personnel Press, Inc.

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Cog	2-adult	Leiter International Performance Scale (Leiter & Arthur)	This test evaluates perceptual matching, analogies, memory, etc. The test was developed to serve as a non-language counterpart of the Stanford-Binet. The test can be given entirely without spoken directions and responded to without speech and with a minimal amount of motor actions. Trained examiner necessary. No time limit. Time 30-60 minutes.	Directions easy to understand. Test is totally non-verbal. Requires only motoric responses by child. Measures visual reasoning skills. Test is expensive, difficult to administer and requires trained personnel to give test. Excellent test to use in cross-cultural setting but not cost effective.	I	P	Stoeltig Company
Other	Gr. 4-12 Gr. K-12	Lorge-Thorndike Intelligence Tests	Two sets are available. Verbal series for grades 4-12 measure scholastic aptitude through 6 subtests. Non-verbal series for grades K-12 measures abstract reasoning ability through 3 subtests. The nonverbal series uses items which are either pictorial or numerical. Time 40-50 minutes.	Develop local norms. Bias in administration, timing, direction understanding.	G	T/P	Houghton-Mifflin Company
Cog	Ages 2.5-8.5	McCarthy Scales of Children's Ability (McCarthy)	The McCarthy is designed to provide both a diagnostic profile of abilities and a summary score similar to an IQ. It contains 18 subtests, 5 each in the Verbal, Perceptual Performance and Quantitative scales, and 3 other gross motor tests. General Cognitive Index (GCI) scores from the McCarthy show high correlations with the WPPSI, the Stanford Binet and most of the achievement scores from the Metropolitan Achievement Test.	The standardization sample reflected the United States population (from the 1970 census) for race, sex, geographical area, and father's occupation. However, bilingual children and children with "marked handicaps" (other than mental retardation) were excluded. Subsequent studies have found it to evaluate the abilities of black and white children approximately equally.	I	P	Psychological Corporation
La	1 yr. 6 mo. to 7 yrs.	Merrill-Palmer Language Scale	This scale measures receptive and expressive language abilities and articulation. It provides age equivalent scores for auditory comprehension, verbal abiity and overall language ability.		I	Spec	C. H. Stoelting & Company
Ach	Grades 1.5 to 6	Metropolitan Achievement Tests	Reading (word knowledge); language; spelling; math (computation, concepts, problem solving); science; social studies. Elementary and intermediate 125 minutes.	Develop local norms! Bias in administration, timing, direction understanding.	I or G	T	Harcourt Brace Jovanovich, Inc.
Ach	K-1 grade	Metropolitan Readiness Test	This test measures word meaning, sentence meaning, information matching, copying and numbers. Supplementary test requires that the child draw a man. Used to measure readiness for first grade instruction.	Biased when used with non-standard English speaking students.	G	T	Harcourt Brace Jovanovich, Inc.
Ach	Grades 2-9	Metropolitan Reading Tests	Includes 4 levels and yields 3 scores; word knowledge, word discrimination and paragraph comprehension. Time 60 minutes.		I	T	Harcourt Brace Jovanovich, Inc.

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AREA	GRADE/ AGE	TEST TITLE	DESCRIPTION	NON-BIASED CONSIDERATIONS	ADM. TO	ADM. BY	PUBLISHER
Cog	1-6 yrs.	Minnesota Preschool Scale	Test uses verbal comprehension and memory tests to arrive at a verbal score. It also includes a non-verbal scale that measures form recognition, tracing, picture completion, block building and simple puzzle skills. Time 10-30 minutes.		I	Pp	American Guidence Services, Inc.
P-M	4-8	Motor-Free Visual Perception Test	The MVPT consists of 36 multiple choice geometric problems which do not require the child to write or draw. The authors claim it is a "quick (10 min.) screening and diagnostic instrument" which measures visual perception skills independent of motor skills. They do not indicate why such a separation would be of interest to a teacher or evaluator. The MVPT shows very low correlations with academic achievement, and moderate correlations with other perceptual-motor tests. There is no evidence to endorse the use of the test for academically-related purposes.		I	P,T	ATP
M	Preschool to grade 5	Motor Problems Inventory	The MPI consists of 15 motor tasks divided into four categories: small muscle coordination, laterality, gross motor coordination, and general observations. Each item is scored on a three point scale and summed for a total score which can be compared to a norm base. Administration time is 5-10 minutes. The MPI appears to have full validity - i.e., it measures what it intends to measure. No predictive validity data is given. The reliability data and norming sample are insufficient.	Norms were based on small samples and no descriptive information concerning the sample is given. The MPI is best used as a screening instrument, and decision-making on MPI scores is not recommended.	I	P,T	Western Psychological Services
Other	4-16 yrs.	Oseretsky Tests of Motor Proficiency	This test measures motor capacity and classifies and measures the inadequacies of this functioning. It covers general static coordination, dynamic coordination of the hands, general dynamic coordination, motor speed, simultaneous voluntary movements, and synkinesia.	Nonbiased. Developmental milestones are same cross cultures.	G/I	T	American Guidence Services, Inc.
Ach	K-adult	Peabody Individual Achievement Test (PIAT)	This is designed for the purpose of providing a wide-range screening measure of achievement in the areas of mathematics, reading recognition and comprehension, spelling and general information. It results in a quick, rough estimate which may indicate the need for more complete diagnosis in one or more areas.	Best used as quick diagnostic instrument for program development. Biased when used with non-standard English speaking students.	I	T	American Guidence Services, Inc.

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La	CA 2½-18	Peabody Picture Vocabulary Test (by Lloyd Dunn)	An untimed test administered in 15 min. or less, consisting of a booklet with 3 practice and 150 test plates, each with 4 numbered pictures. Same booklet is used for both Forms A & B, forms differing only in stimulus word. Total score converted to percentile rank or MA or standard score deviation IQ.	Extremely biased in vocabulary and IQ levels with bilingual/bicultural students. Need local norms for validity	I	T,P	American Guidence Services, Inc.
Cog	Ages 3-8	Pictorial Test of Intelligence (PTI)	The PTI produces 7 scores: picture vocabulary, form discrimination, information and comprehension, similarities, size and number, immediate recall, and a total score. There is no evidence that the subtest scores can be interpreted individually, but the total test score is somewhat comparable to other individualized intelligence test IQ scores. The test appears to be highly verbal in nature. The manual includes suggestions for administration to the physically handicapped, but since the test was normed on normal children, interpretation of scores may prove difficult.	There is some evidence that the test may discriminate against students outside the cultural mainstream.	I	P	Houghton-Mifflin Company
AdB	0-5 yrs.	Portage Guide to Early Education	This checklist covers five areas of behavior: cognition, self-help, motor, language and socialization. Items are scored either by observation or interview with the child's parents. The *Portage Guide* was developed by one of BEH's exemplary early childhood projects.	Developmental checklist that is both a screening instrument and a guide for a sequential instructional program. Has good internal consistency, does not rely heavily on language and can be easily used with bilingual children.	I	T	Portage Project
La	1-6 yrs.	Preschool Language Scale by Zimmerman	Scale assigned to detect language strengths and deficiencies. Consists of two main parts: auditory comprehension and verbal ability. Includes a supplementary articulation section. Developmental ages given. An auditory comprehension quotient and a verbal ability quotient can be derived.		I	Spec	Charles E. Merril Publishing Company
La	CA 7-10	The Pupil Rating Scale by H. R. Myklebust, c. 1971	Subscores are: auditory, comprehension, spoken language, vocabulary, grammar, word recall, story-telling, relating experiences and formulating ideas, orientation, judging time, spatial orientation, judging relationships and knowing directions; motor coordination, personal-social behavior.	Items sample relatively "universal" classroom behaviors, thus this scale has utility in cross-cultural settings. Easy for teacher to administer score and interpret. Learning disability screening instrument.	I	T	Grune & Stratton, Inc.

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P-M	6-10 (1-4)	Purdue Perceptual Motor Survey (PPMS)	The PPMS attempts to identify children "lacking perceptual-motor abilities necessary for academic success." It provides scores in areas labeled "balance and posture," "body image and differentiation," "perceptual-motor match," "rhythmic writing," "ocular control," and "form perception." There is no evidence that many of the skills tested in the PPMS are related in any way to academic achievement. Other problems exist in the directions for administration and scoring, and the norms are confusing. Better tests exist to assess visual perception, and it may not be worth while to test many of the other skills unless specific remediation in those skill areas is anticipated.		I	P,T	Charles E. Merrill Publishing Company
Cog P-M	0-7 yrs.	Santa Clara Inventory of Developmental Tasks	Areas measured include: motor coordination, visual-motor performance, visual perception, visual memory, auditory perception, auditory memory, and conceptual development.	Relatively culture free with exception of knowing the cultural emphasis, whether vision or hearing which could bias those areas.	I	T	R. L. Zweig Associates
Ach	Grades 1-9	SRA Achievement Series, Thrope, Lefever & Naslund	Gr. 2-9 subtests in arithmetic, reading, language, arts; gr. 4-9 includes work-study skills subtest. Scored by percentiles and grade/equivalents. Time - 300 minutes in 7 sessions.	Develop local norms! Bias in administration, timing, direction understanding.	I or G	T	Science Research Associates, Inc.
Ach	6-19 yrs.	Stanford Achievement Test (SAT)	Test batteries measure word meaning, paragraph meaning, vocabulary, spelling and word study skills. Price varies according to level.	Biased when used with non-standard English speaking students.	G	T	Harcourt Brace Jovanovich, Inc.
Cog	2-adult	Stanford-Binet Intelligence Scales	Measures global or general intelligence Verbal test. No reading skills involved. Trained examiner necessary. Time 30-90 minutes.	Heavy verbal loading and many items are not culturally appropriate. Perhaps one of the more biased instruments in a cross-cultural setting. Mental age concept is losing utility.	I	P	Houghton Mifflin Company
Ach	Grades 2-8	Stanford Diagnostic Reading Test	Should be administered in three sessions. To determine strengths and weaknesses in reading comprehension, vocabulary, syllabication, beginning and ending sounds, auditory skills, phonetic analysis and rate of reading. Time 90-120 minutes.	Biased when used with non-standard English speaking students. Can be used as diagnostic or criterion-referenced test but do not use grade level norms with these students. Local norms are best.	I	Reading Spec	Harcourt Brace Jovanovich, Inc.
Ach	0-10 yrs.	System FORE	Contains sequences of objectives in language, reading and mathematics. The kit includes assessment of pupils, determining objectives, grouping of pupils and instructional materials to be used with the objective sequences.	Biased when used with non-standard English speaking students.	I	T	J.K.E. Enterprises

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La	3 yrs. up	Templin-Darley Tests of Articulation	Norms based on a general American caucasian dialect. May be used as a screening device (50 items) or as a diagnostic instrument (141 items). Time 5-15 minutes - screening; 20-40 minutes - diagnostic.	Need local norms for interpretation.	I	T	BER
La	Ages 3-6	Test for Auditory Comprehension of Language (TACL)	Tests a child's receptive language by having child respond to examiner's oral stimuli by pointing to one of three line drawings. Covers vocabulary morphology and syntax. (Available in Spanish or English)	Informal measure of language competency, language dominance, and possible language interference. Easy and quick to administer. Children from non-standard English speaking backgrounds will score low on the test.	I	Spch Clin.	Lyons & Carnahan
La	Ages 4-8.11	Test of Language Development (TOLD)	Tests word discrimination, word articulation, picture vocabulary, oral vocabulary, grammatic understanding, sentence imitation and grammatic completion.	Excellent screening test to be used by a qualified speech pathologist. Local norms are absolutely necessary for test interpretation. Tests and pinpoints areas of language deficiency in the bilingual child.	I	Spch Clin.	Empiric Press
Psych Projective	Ages 4 & over	Thematic Appreciation Test (TAT)	The TAT is a projective test reportedly designed to help reveal the "drives, emotions, sentiments, complexes and conflicts of a personality." It is composed of 20 pictures about which the individual is instructed to tell stories, usually focusing on the thoughts and emotions of the people in the stories. There is little information on its validity, reliability or standardization.	(See HTP considerations on preceding page)	I	P	Harvard University Press
Cog	Grades K to grad school	Torrance Tests of Creative Thinking	The Torrance Test of Creative Thinking (TTCT) offers two tests (words; pictorial material) in two forms. It is claimed that the test can be used from grades K through grad school, but reliability and validity data are limited to elementary and secondary students. Each of the tests yields scores for fluency, flexibility, originality and elaboration. Administration times are respectively 45-60 minutes (words) and 30-45 minutes (pictorial material). Scoring may take somewhat more time than administration. The TTCT appears to be related to intelligence and educational achievement, but there is no evidence of real-life predictive validity.	Norms and interpretive data appear to be based on small, midwestern U.S. samples. As a result, scores have little meaning for most populations. The TTCT is best used as a structural observation guide for clinical assessment of creativity.	I/G	P	Personnel Press, Inc.

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S/E	Birth to adult	Vineland Social Maturity Scale	This is an informant-interview technique used for the screening and diagnosis of degree or level of social competence. Items are arranged in order of increasing average difficulty in 6 areas: self-help (general, eating and dressing), self-direction, occupation, communication, locomotion, and socialization. The parent, teacher or counselor scores each of 117 items. Most frequently used with young children.	Relatively culture free with exception of some items which do not apply to all cultures.	I	T	American Guidence Services, Inc.
Cog	16-adult	Wechsler Adult Intelligence Scale (WAIS)	Uses verbal and performance tasks to assess intelligence. Trained examiner necessary.	Verbal section biased with non-standard English speaking persons. Items biased in some cultures. Performance section relatively culture free.	I	P	Psychological Corporation
Cog	5-15 yrs.	Wechsler Intelligence Scale for Children - Revised (WISC-R)	Uses verbal and performance tasks to assess intelligence of children. Ten subtests and two alternative tests. Trained examiner necessary. Time 40-60 minutes.	Verbal section biased for non-standard English speaking students. Performance section relatively culture free except understanding directions.	I	P	Psychological Corporation
Cog	4-6½ yrs.	Wechsler Pre-school and Primary Scale of Intelligence (WPPSI)	The WPPSI is, in a sense, a downward extension of the WISC and is also designed to assess a child's global intelligence. It is similar in many ways to the other *Wechsler Scales*. It results in Verbal, Performance and Full Scale IQ scores. It contains five verbal and five performance subtests. Some of the subtests and items have been adapted from the WISC for use with younger children. Trained examiner necessary. 50-75 min.	Performance section fairly culture fair. Some verbal items culturally biased. Non-standard English speaking students will have lowered score.	I	P	Psychological Corporation
La	5-8 (c.a.) 1-3 (grade)	(Wepman) Auditory Discrimination Test	Attempts to identify auditory discrimination deficits in children ages 5-8. The examiner needs 40 like or unlike sounding word pairs and asks the student to identify them as "same" or "different". Score is the number of correct choices indicated by calling unlike pairs "different." Standards for "adequate" or "inadequate" performance are provided at each age level. Research indicates the test may be effective as a primary-level screening device. It is not predictive of academic performance.		I	P,T, Pp	Language Research Associates

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Ach	5-adult	Wide Range Achievement Test (WRAT)	The WRAT is designed as a method to assess reading (word recognition and pronunciation), written spelling and arithmetic computation. Norms — grade equivalents, standard scores and percentiles. Time 15-30 minutes.	Should NOT be used to determine grade equivalency. Quick screening devise only. Should have local norms.	I	T	Psychological Corporation
Ach	K-12	Woodcock Reading Mastery Tests	The Woodcock reading test is divided into five subtests: letter identification, word identification, word attack, word comprehension, and passage comprehension. Raw scores are converted into "mastery scores" which are used to obtain normed scores. A total reading index is also given. The test format makes for easy administration; time for administration is about 20 minutes. Teachers and evaluators should examine the subtests to determine if their definition of each task agrees with Woodcock's: "word comprehension," requires some skill in verbal analogy-making (i.e., "...two is to three as four is to..."). In addition, the "letter identification" subtest is more useful as a readiness measure than as a measure of reading. The mastery and grade level scores are difficult to interpret; neither is a good criterion-referenced interpretation (as suggested by the author) possible. The test is best used as a global measure of reading skill, and not for any precise decision-making or programming.	Information is provided on the use of separate percentile ranks by gender. Percentile rank adjusted for social economic status are available but require a great deal of background information and may not be of much value for decision-making. The Woodcock has been criticized as sex-role stereotyped (Dwyer, in Buros 8th MMY).	I	T	American Guidence Services, Inc.

Technical Considerations

Tests have become central to the processes of screening and selecting applicants for schools, training and employment. They have served the purpose for which they were designed: to discriminate among individuals and to identify those candidates likely to succeed in a particular job or educational program. However, they have failings that have received inadequate attention. They have become a barrier to preferred employment and higher education for some cultural groups. It is difficult for minority individuals to score as high on pre-employment and intelligence tests as majority group, middle-class job applicants and students. This fact has been demonstrated by the disproportionately high representation of minority group children in classes for the educable mentally retarded.

Even though racial discrimination has not been an obvious factor, the use of tests has effectively denied job and educational opportunities to minority groups. The majority of judicial opinions has called for the immediate cessation of assessment practices that place culturally different children at a disadvantage. Many local educational agencies have been required to change their identification procedures and to adopt methods that take into account the child's cultural background and native language. Professional groups in psychology and education have also initiated efforts to ensure that more culturally unbiased tests are used and that their results are interpreted in the light of the child's cultural background.

Use of Tests with Culturally Different Children

Because of recent social upheaval and its extensive coverage in the media, our concern for culture-fairness has often been limited to the testing of black, American Indian and Spanish-surnamed children. There are other subgroups of children whose experience, language and values are so different from the dominant culture that the use of traditional tests without consideration of these factors will amost certainly reduce the validity of test results. Pennsylvania Dutch children, for example, grow up without television and radio. Their language, a combination of German syntactic and tonal influences and English vocabulary, is unfamiliar to most examiners. The values of the Pennsylvania Dutch are tied to their roots in an earlier agrarian society where frills and luxuries were unknown. These differences in experience, language and values make the uncritical use of many tests inappropriate for these children.

Culturally different children are often deprived of significant learning experiences in their early life. However, in many cases they do not fall into an identifiable subgroup. These children, whether members of an identifiable group or simply recipients of a widely different early life experience, deserve the opportunity to demonstrate their skills in assessment situations that at least approach culture-fairness.

To accomplish this, it is important to understand the elements of the assessment process that most affect the results of assessment. In this section we will be examining the concepts of bias, standardization, norms, validity, and reliability. The following section provides definitions of terms most likely to be encountered by the assessor.

Technical Considerations for Assessment

A. *Bias*

The educational and psychological measurement literature contains diverse conceptions of bias in tests. At least five different definitions of the concept of test bias are elucidated. These definitions are to varying degrees contradictory and mutually exclusive (Reschly, 1979):

1. *Equality of means among groups.* In this definition, tests or assessment procedures are defined as biased if different ethnic groups obtain higher or lower scores on the average. The major faults in assessment stressed by these critics have to do with test content or situational factors in assessment (e.g., race of examiner, task demands, etc.). Remedies suggested include development of pluralistic norms, use of broader varieties of assessment information (e.g., adaptive behavior outside of school), or in some cases, complete abolition of current standardized tests. Recently, Mercer and Lewis (1978) have developed an approach called SOMPA (System of Multicultural Pluralistic Assessment) which implicitly uses this definition of test bias, the SOMPA provides group specific norms, adaptive behavior information, etc. (Norms are for blacks, anglo, and hispanic children. Use with other minorities is still questionable.)
2. *Equal Proportions.* The second definition requires that the same or nearly the same percentages of persons from different groups be placed in or selected from various programs. That is, if 14% of the population is Native American, then about 14% of the enrollment in EMR (or gifted) programs should be Native American. Over-representation of various groups in programs for the mildly retarded has led to litigation. The courts have, at least implicitly, used this definition of test bias in injunctions restraining school districts from placing minorities in programs for the mildly retarded. The remedies required by the courts have included the following: emphasis on test administration in the child's primary language (Diana and Guadalupe); lowered cut off scores and use of non-language measure (Guadalupe); and abolition of IQ tests in the diagnosis of milo mental retardation in specific groups (Larry P.).

3. *Fairness in Predictions.* Two definitions which stress fairness in prediction have been very prominent in the educational and pyschological measurement literature. Both stress the criterion of equality of prediction, i.e., the same criterion scores are predicted for persons with the same test scores regardless of group membership. However, different methods are used to assess equality of prediction. (Briefly, Cleary suggested analysis of regression equations between groups and Thorndike suggested analysis of number of persons successful on the criterion in relation to number of persons selected by the test.)

4. *Social Utility Model.* The fourth definition is relatively recent and implies a form of reverse discrimination. The "social utility" of various outcomes would be determined and then test scores would be adjusted in directions that furthered relatization of socially desired outcomes. This definition, although provacative, is not directly relevant to special education at this time.

5. *Construct Validity Bias.* This definition would lead to judgments about test bias on the general criterion of whether the test measures the same traits regardless of group membership. Investigations of factor analysis data, item difficulty indices, and item-score correlations are types of data analyzed in studies of construct validity bias.*

**From: Reschly, D.J., "Comparisons of Bias in Assessment with Conventional and Pluralistic Measures", paper presented at National Association of School Psychologists Convention, San Diego, March, 1979.*

B. *Standardization*

Tests are standardized so that a student's performance can be measured against some objective criterion. In norm-referenced tests, a student's performance is measured against the performances of other students. In criterion-referenced tests the measurement is against specific instructional objectives.

Concern extends to the very beginning of the test construction process. The first consideration is the purpose for which the test is intended. The second step is the selection of the most appropriate method of testing, e.g., pencil and paper or verbal response. After these have been established, the next consideration is to select which aspect of the content is most appropriate: diagnostic, aptitude or achievement. From a theoretical, as well as practical point of view, both scholastic aptitude and intelligence testing are particularly fraught with dangerous biases against the culturally different child. These types of tests are utilized to a great extent in the categorization of children with respect to their potential.

The process of standardizing an educational assessment instrument traditionally includes three major tasks. These are the establishment of norms, validity and reliability. Each of these tasks have an important bearing on any discussion involving the tendency of such instruments to be biased against the culturally different. Consideration of these factors is necessary in the formulation of any realistic recommendation for a solution to the problems of cultural bias in the area of assessment.

**From* A Position Statement of Nonbiased Assessment of Culturally Different Children, *Northeast Regional Resource Center, Hightstown, New Jersey, 1976.*

C. *Norms*

The establishment and application of norms as they are currently developed and used for norm-referenced tests is a practice which has increasingly been shown to be unfair to culturally different children. Since norms are obtained by administering the test to a sample of the population to whom the results of the test are generalized, it is necessary, but not sufficient, that the standardization process assure proportional representation of culturally different groups in the sample. As Green (1972) states, bias is:

> . . not only a result of the make-up of the standardization sample, but is a direct result of the composition of the try-out samples whose responses determine the items to be selected for a given test (p. 14.).

Information is also needed regarding when the norming was last completed in order to determine the generalizability to current culturally different groups.

Simply burying statistically small cultural groups in the mass population data does not significantly reduce the bias of the test. One approach to reducing bias is to provide local norms for all cultural groups to which the instrument will be applied. However, normative data are not sufficient for accurate test interpretation without the necessary validity data.

D. *Validity*

The validity of a test concerns what the test measures and how well it does so. Fundamentally, all procedures for determining test validity involve comparisons with other standards, which may be biased themselves. The Task Group addressed itself to only five classes of validity which bear highly upon the problem of bias. These were: face, content, construct, predictive and concurrent validity. The Task Group realized that the following is not a comprehensive treatment of validity but rather a discussion of validity only as it relates to nonbiased assessment.

Face validity is primarily concerned with whether the test, when inspected, appears to perform its stated function. One example is if the examinee perceives the instrument to be of low face validity, the resultant damage to rapport and motivation will undermine optimal performance.

Content validity involves the examination of the test content to determine whether it covers a representative sample of the behavior to be measured. A difficulty with content validity is that criterion behaviors may vary as a function of environmental, situational and personal factors. For example, an item on a commonly used intelligence test asks for the correct disposition of a sealed, stamped, addressed letter found on the street. The correct response depends upon knowledge of streets, letters, post offices and geographic variables unrelated to intelligence. Since most tests are constructed on the assumption that all people to whom the test is given will have had equal opportunities to learn the answers to or skills needed to answer the questions, they are suspect at best. Thus, the content validity of many widely used assessment instruments is in question because of the growing awareness that the assumption of universal experiences for all children is false.

Construct validity of a test is the degree to which a test may be said to measure some theoretical construct or behavioral trait, e.g., intelligence, verbal ability, aptitude, motivation or personality. There is an increasing awareness among educators of the difficulty in attempting to measure something which is being continually redefined (such as intelligence) as well as the illogic of trying to place on a single scale the wide variety of talents and abilities of human beings. Since definitions of intelligence vary, contradictory and noncomplementary approaches and methods have been ordered for its assessment. For these reasons the proliferation and misuse of the intelligence test when used for classification, labeling and placement of children in special programs is of geat concern.

Predictive validity attempts to answer the question of how well the individual can be expected to perform in the future in those areas supposedly measured by the test. Caution must be exercised in the use of any test for prediction by determining the validation of the task, the sample size and specific time of the sampling. Without this knowledge, the predictabilty of the test is limited. As Glaser (1972) further points out:

> Tests of general ability, intelligence and aptitude follow the accepted practice of attempting to predict the *outcomes* of learning in our rather uniform educational programs. These tests make little attempt to measure those abilities that are related to different *ways* of learning. The generally used scholastic aptitude tests are designed for and validated in terms of predictions of the products of learning in a particular setting. They are not designed to determine the different ways in which different students learn best, to measure the basic processes that underlie various kinds of learning, nor to assess prerequisite performance capabilities required for learning a new task (p. 7-8).

Concurrent validity is an attempt to measure the extent to which a psychological instrument is related to other measures of the same theoretical construct. However, the concurrent validity can be misleading, particularly if the tests in question have poor construct validity.

As Rivers, et al. (1975) emphasized, the specific definition of the construct is the central issue:

> With respect to most children, . . . intelligence tests are not related to how well the child relates in his true environment, but only with how he/she relates to the school environment. The kinds of abilities developed . . . may not be those which a) are assessed on traditional ability tests and b) are required in the academic setting (p. 67).

E. *Reliability*

Reliability refers to the consistence of scores obtained by the same individuals on equivalent portions, alternate forms or on different occasions on a given instrument. This concept of reliability allows for the prediction of the range of fluctuation likely to occur in a single individual's score as a result of irrelevant, chance factors. Error variance can originate from variations in test administration, the test taker and instrument itself. One problem of reliability is compounded because greater variance in test scores is expected among culturally different children who may come from widely different cultures. In addition, the fact that they have been identified as having special needs increases the probability that they will show greater variation in any other measure taken. Testing of the culturally different child is especially susceptible to the introduction of psychometrically random factors undermining reliability. These factors include the relationship between the assessor and child, the attitude of the child who may not be motivated to take seriously a test that is not given in his or her best interest, the child's lack of test sophistication and the effects of previous negative testing experience.

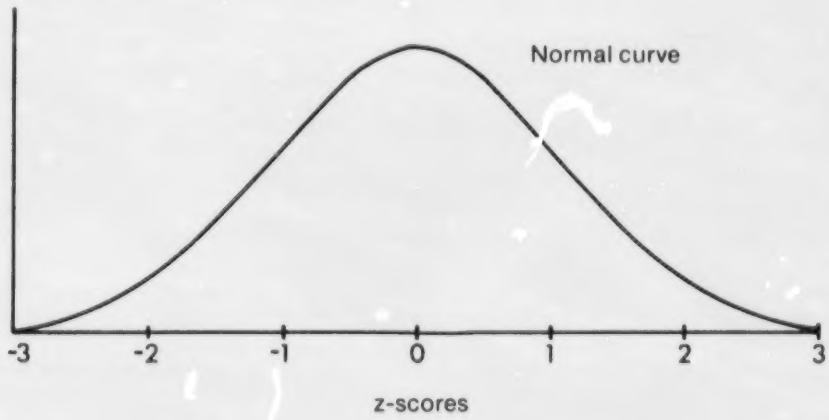
DEFINITION OF TERMS

1. *Age-equivalent score:* the mean chronological age of individuals obtaining a given raw score or other score. Similar in interpretation to grade-equivalent scores (see grade-equivalent scores).
2. *Assessment:* may be defined as belonging to one of three types of evaluations:
   1. the use of a test, of some kind, to measure what someone does in comparison with what someone else does, and, on occasion to locate the increments attained on self-assessment criteria, e.g.,
      - a reading test to determine the grade level attainment of a student
      - a criterion-referenced measure that indicates some phase of success a student achieves toward an objective set for him;
   2. the assessment of the test structure and of the appropriateness of a test for the purposes and for the population to be evaluated, e.g.,
      - an analysis of the subtests and the norming procedures used with each of them;
   3. the evaluation of the place and the relevance of testing and of assessment in the total sweep of the educational and human enterprises, e.g.,
      - determination of whether or not to use "I.Q." tests as a criterion for developing a student's placement.
3. *Behavioral Objective:* an objective which describes the desired outcome behavior of the learner; that is, what the learner will be doing to demonstrate his achievement of the objective.
4. *Confidence Interval:* the interval "around" the true scores. Usually a 95% confidence interval is suggested, which encompasses ± two standard deviations. The interval for ± one standard deviation is about 68%. See standard error of measurement.
5. *Classroom Measures:* teacher strategies for assessing a student's progress based on the student's personal growth as well as on classroom norms.
   - informal inventories
   - classroom assignments, teacher-made tests
   - observation of student effort and participation
6. *Consent:* Written consent from the parent is required prior to the administration of norm-referenced or psychological tests. This consent shall specify the name of the test and the date. Written consent from the parent or the eligible student is required prior to the release of student records; this consent shall specify the records to be released, the reasons for such release, the names of the parties to whom the records will be released and the date. Informed consent means the willing participation of the student in the testing program; such consent is freely given and is based on the student's knowledge of how specific tests will be useful to the student's own and the teacher's measurement of progress.
7. *Criterion-Referenced Test (CRT):* A test designed to assess an individual's status with respect to a criterion or some standard of performance, as opposed to a norm-referenced test which ranks individuals on a scale for comparison with each other. An instructional program-based test is a type of CRT based on a specified instructional sequence and what is being taught.
8. *Cross-Cultural Influences:* Linguistic and cultural histories which require a variation in the assessment, curriculum, and teaching strategies appropriate to students.
   - cultural pluralism (e.g., understanding of shared differences)
   - cultural values (e.g., competition or cooperation)
   - linguistic differences with curriculum presented totally in English
9. *Curriculum Probe:* An assessment technique designed to explore and discover the position of a student in a given skill or knowledge area. Being specific to the skill in question, a curriculum probe is more accurate than a standardized test that samples skills in general areas.
10. *Educational Prescription:* Specific educational strategies, programs, curriculum areas and objectives based upon the diagnosis of an individual learner's needs.
11. *Error variance:* Any test score (x) can be divided into two parts, T and E. T represents that part of the score (x) which is a "true" measurement; E represents that part of the score due to error. To make a test *reliable* the test constructor tries to reduce the amount of E in the total score (x).
12. *Grade equivalent scores:* the mean *estimated* grade level of individuals obtaining a given raw score. However, if a second grader scores a grade equivalency of 6.5, it does not mean that student does sixth-grade work; it usually means the student can do second grade work as well as the average sixth-grader is *estimated* to do second grade work. Similarly, a student with a grade-equivalent score of 3.0 does as well as the *average* beginning third grader.
13. *Internal consistency:* one approach to estimating the reliability of a test score, based on the degree to which all parts of the test measure the same factor. Internal consistency can be measured as the correlation of a test item with a total test score.

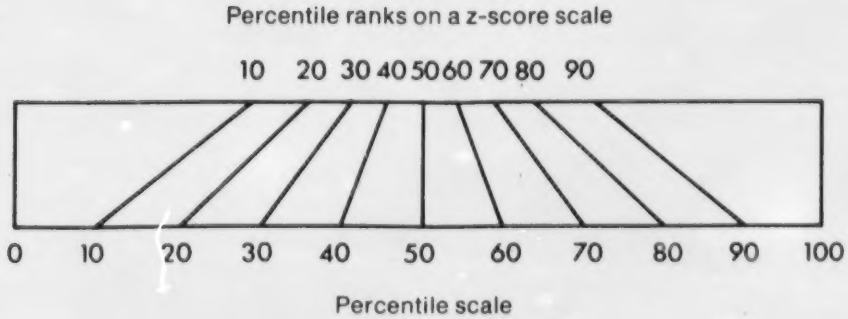
14. *Non-biased Assessment:* implies that there are some difficulties placed in the path of certain students as they attempt to take tests. Non-biased assessment presumably entails the elimination of these barriers to the successful completion of tests. Non-biased assessment prescribes that some definite guidelines will be used that:
    1. determine that the values assumed by the system in which the testing is being done have the student's best interest at heart, e.g., that the specialist conducting the examination does not impose personal biases which interfere with the procedures for a "fair" assessment of the student;
    2. do not impose a structure of ideas and abstractions, a sequence of materials of instructions that clearly are not parallel to the student's habitual mode of response to learning situations, e.g., language literacy and abstraction habits, or test delivery strategies, but that alternative cultural norms are added to test norms used;
    3. assure a student that the test has been screened for appropriateness as a nondiscriminatory measure in terms of that student's
    - cultural history
    - language dominance
    - background of information;

    4. ensure that the physical facilities allotted by the educational institution in which the testing is done are adequate to unbaised assessment procedures in that the test environment is not detracting nor otherwise detrimental to an effective student assessment;
    5. assure that the motivation and attention of the student is such that the assessment does identify a tentative range of skills and deficiencies for which educational programs are appropriate.
15. *Norm-Referenced Test:* A test which is based on population norms and which is concerned with ranking persons along an inferential scale so they may be compared with one another. Most standardized tests are norm-referenced.
16. *Parent Involvement:* Parent involvement in the assessment process will give opportunity for providing home and environmental data. Parents will have opportunities for conferences with the professional staff regarding students' progress and will participate in educational decisions affecting their children's I.E.P.s.
17. *Percentile ranks:* specifies the percentage of scores in a comparison group *lower* than a given score. Problems in interpreting percentile scores occur because they exaggerate differences in the middle of the population and minimize differences at the extremes. For example, a percentile change of 50% to 60% is a z score change of .25, while a change from 90% to 100% is more than (z=) 1.7. (See diagrams a and b.)

a



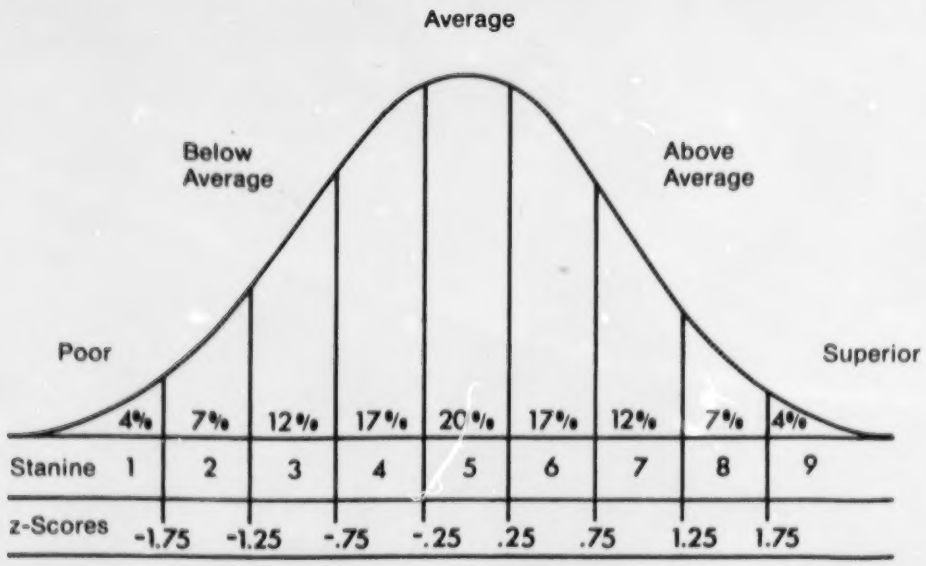
b



18. *Personally Identifiable:* Data or information that includes the name of a student, the student's parent, or other family member; the address of the student; a personal identifier such as the student's social security number or student number; a list of personal characteristics which should make it possible to identify the student with reasonable certainty; or other information which would make it possible to identify the student with reasonable certainty.
19. *Precision Teaching:* A structured teaching method which involves the sampling of learner behaviors at rates of frequencies; permits ongoing visibility on the effectiveness of teaching strategies and the need for changes in teaching methods.
20. *Standard deviation:* a measure of the spread of scores in a distribution from the mean.
21. *Standard error of measurement:* an estimate of the "range" of the true score. For instance, if the raw score is 45 and the standard error of measurement is 5, you would expect the score to fall between 50 and 40 (45 ± 5) about 68% (1 standard deviation from the mean) of the time. The score would fall between 55 and 35, or 2 standard deviations, 95% of the time.

    It is very important to know the standard error of measurement so that you can make a good interpretation of the test results. Grade equivalencies which correspond to raw scores can vary as much as 3 years in *either* direction simply through measurement error. Test scores become increasingly unreliable as the standard error of measurement grows greater.
22. *Standard score:* a score expressed as the number of standard deviations it falls above or below the mean.
23. *Stanine scores:* are a type of standard scores with a mean of 5 and a standard deviation of 2, spread on a range of 1 - 9. (See diagram c.)

c



24. *T-score:* similar to a *z* - score, but uses a mean of 50 and standard deviations of 10. Used by many achievement tests.
25. *Z-scores:* the most commonly used standard score. A z score is

$$\frac{\text{x (the score) - M (the mean)}}{\text{SD (standard deviation)}}$$

A z score of *0* would indicate that the score was at the mean of the population; a z of 1 would equal the 84th percentile; a z of 2 the 95th. A z score of -1 would place that score at the 34th percentile for that population. (See diagram c.)

APPENDICES

Appendix A: Bibliography
Appendix B: Human Resources
Appendix C: Program Resources
Appendix D: Non-biased Assessment and the Law
Appendix E: Suggestions on Parent Involvement
Appendix F: Language Dominance Categories: State of Alaska
Appendix G: Field Information Retrieval Forms

Appendix A

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Appendix B

Human Resources

Vin Jester
Whaley Center
Anchorage School District
2220 Nichols Street
Anchorage, Alaska

Herb Bischoff, Psychologist
Southcentral Regional Resource Center
1111 E. Dowling Road
Anchorage, Alaska 99502
Phone: 344-9646

Paul Janoweic, Special Education Coordinator
Delta/Greely Schools
P.O. Box 527
Delta Junction, Alaska 99737
Phone: 895-4658

Joe Caldarera, Special Education Coordinator
Lower Kuskokwim Schools
P.O. Box 305
Bethel, Alaska 99559
Phone: 543-2677

Marge Robinson, Special Education Coordinator
North Slope Borough Schools
P.O. Box 169
Barrow, Alaska 99723
Phone: 852-5663 or 852-5311

Myra Howe, Psychologist
Southeast Regional Resource Center
127 S. Franklin Street
Juneau, Alaska 99801
Phone: 586-6806

Patsy Aamodt
Director of Bilingual Education
North Slope Borough Schools
Box 169
Barrow, Alaska 99723

Bob Morgan
Hope Cottages, Inc.
2805 Bering Street
Anchorage, Alaska 99503
Phone: 278-9641

Dorothy G. Whitmore, Ed.D.
207 E. Northern Lights Blvd.
Anchorage, Alaska 99503

Marian Hobstetter
Ninilchik Natives Association
Ninilchik, Alaska

Tanya Lee Gularte, Guidance Counselor
East High School
Anchorage, Alaska

345

Christine Kashevarof, Director
Seldovia Native Association
Seldovia, Alaska

Frank Berry, Senior Associate
Alaska Native Foundation

Jane Yamashiro
Alaska Native Foundation

Phil Tutiakoff
Unalaska, Alaska
Phone: 581-1275

Roger Silook
Gambell, Alaska

Leonard Apassingok
Gambell, Alaska

Thelma Cook
Native Indian T.E.P.
Hut Diz
University of British Columbia
Vancouver, B.C. W161W5

Rodney Soonias
Native Law Society
Saskatoon, Saskatchewan

Richard Detung
Program Evaluation Division
Policy Research & Evaluation Branch
Indian-Eskimo Affairs
Ottawa, Canada F1A044

Robert McKay
Templeton Secondary School
Vancouver, B.C.

Richard Wiegand
Educational Program Administrator
Bureau of Indian Affairs
Fairbanks, Alaska

Dennis Demert, President
Alaska Native Education Association
Gruening Building, 5th floor
c/o Student Services
University of Alaska
Fairbanks, Alaska
Phone: 479-7259

Appendix C

Program Resources

Alaska Native Medical Center
3rd & Gambell
Anchorage, Alaska
Phone: 279-6661

Alaska State Division of Social Services
527 E. 5th Avenue
Anchorage, Alaska
Phone: 274-1615

Bureau of Indian Affairs
1675 C Street
Anchorage, Alaska
Phone: 271-4079

Johnson O'Malley Programs
P.O. Box 2935
Anchorage, Alaska
Phone: 271-4120

Cook Inlet Native Association
670 Fireweed Lane
Anchorage, Alaska
Phone: 278-4641

Native Outreach
1420 Cordova Street
Anchorage, Alaska
Phone: 272-0643

Ilisaguid Learning Center
CINA
1057 W. Fireweed Lane
Anchorage, Alaska

Chugaut Native Association
912 E. 15th Street
Anchorage, Alaska
Phone: 274-4558

Aleutian Pribicof Island Association
1689 C Street
Anchorage, Alaska
Phone: 276-2700

Alaska Federation of Natives
550 W. 8th Avenue
Anchorage, Alaska
Phone: 274-3611

Alaska Native Commission on Alcoholism
and Drug Abuse
750 E. Fireweed Lane
Anchorage, Alaska
Phone: 274-5531

Alaska Native Human Resource
Development Project
411 W. 4th Avenue
Anchorage, Alaska
Phone: 278-3141

Calista Corporation
516 Denau
Anchorage, Alaska
Phone: 279-5516

NEA—Alaska, Inc., Regional Office
1515 E. Tudor Road
Anchorage, Alaska
Phone: 279-8544

Tyonek Native Corporation
445 E. 5th Avenue
Anchorage, Alaska
Phone: 279-4213

Aleut Corporation
833 Gambell
Anchorage, Alaska
Phone: 274-1506

Arctic Slope Regional Corporation
Barrow, Alaska
Phone 852-8633

Bering Straits Regional Corporation
3150 Mountain View Drive
Anchorage, Alaska
Phone: 276-1322

Eyak Corporation
Box 340
Cordova, Alaska 99574
Phone: 424-7608

Nana Regional Corporation
P.O. Box 49
Kotzebue, Alaska
Phone: 442-3301

Seal Alaska Corporation
811 W. 12th Street
Juneau, Alaska
Phone: 586-1512

Sitnasuak Native Corporation
Nome, Alaska
Phone: 443-5296

Tatitlek Corporation
Cordova, Alaska 99574
Phone: 424-7347

Unalakleet Native Corporation
Unalakleet, Alaska
Phone: 624-5411

Rural Cap
327 Eagle Street
Anchorage, Alaska
Phone: 279-2441

National Bilingual Training Resource Center
406 Hall Health GS-25
University of Washington,
Seattle, Washington 98195

Appendix D

The following is a list of regulations issued for the Education for All Handicapped Children Act (P.L. 94-142) and section 504 of the Rehabilitation Act of 1974 (P.L. 93-162) which refer directly to the evaluation and placement of handicapped children. Those regulations denoted by 121a were written for PL 94-142, while those denoted by 84 were written for PL 93-112.

Evaluation

Each LEA will assure that testing and *evaluation* materials and procedures used for the purposes of evaluation and placement of *handicapped children* must be selected and administered so as not to be racially or culturally discriminatory.

(121a.530(b))

Each LEA must assure that before any action is taken with respect to the initial placement of a handicapped child in a special education program a full and individual evaluation of the child's educational needs must be conducted in accordance with the requirements in this section.

(121a.531) (84.35(a))

Each LEA will assure that test and other evaluation materials are provided and administered in the child's *native language* or other mode of communication, unless it is clearly not feasible to do so.

(121a.532(a)(1))

Each LEA will assure that tests and other evaluation materials have been validated for the specific purpose for which they are used and are administered by trained personnel in conformance with the instruction provided by their producer.

(84.35(b) (1)) (121a.532(a) (1) and (2))

Each LEA will assure that tests and other evaluation materials include those tailored to assess specific areas of educational need and not merely those which are designed to provide a single general intelligence quotient.

(84.35(b) (2)) (121a.532(b))

Each LEA will assure that test and other evaluation materials are selected and administered so as best to ensure that when a test is administered to a child with impaired sensory, manual or speaking skills, the test results accurately reflect the child's aptitude or achievement level or whatever other factors the test purports to measure, rather than reflecting the child's impaired sensory, manual or speaking skills (except where those skills are the factors which the test purports to measure).

(84.35(b) (3)) (121a.532(c))

Each LEA will assure that no single procedure is used as the sole criterion for determining an appropriate educational program for a child and that the evaluation is made by a multidisciplinary team or group of persons, including at least one teacher or other specialist with knowledge in the area of the suspected *disability*.

(121a.532(d) and (e))

Each LEA will assure that the child is assessed in all areas related to the suspected disability, including, where appropriate, health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status and motor abilties.

(84.35(c)) (121a.532(f))

Placement

Each LEA will assure that in interpreting evaluation data and in making placement decisions, the LEA shall draw upon information from a variety of sources, including aptitude and achievement tests, teacher recommendations, physical conditions, social or cultural background and adaptive behavior. The LEA will insure that information obtained from all of these sources is documented and carefully considered.

(84.35(c) (1) and (2)) (121a.533(a) (1) and (2))

Each LEA will insure that the placement decision is made by a group of persons, *including* persons knowledgeable about the child, the meaning of the evaluation data, and the placement options.

(84.35(c) (2)) (121a.533(a) (3))

Each LEA will assure that the placement decision is made in conformity with the least restrictive environment rules and that if the child is handicapped and needs *special education* and *related services*, an *individualized education program* must be developed for the child.

(84.35(c) (3) and (4)) (121a.533(a) (4) (b))

Each LEA will assure that each child's evaluation and reevaluation is conducted every three years, or more frequently whenever conditions warrant, including at the request of the child's teachers or parents.

(84.35(d)) (121a.534(b))

Each LEA will assure that each handicapped child's educational placement is determined at least annually and is based on his or her individualized education program with the program as close as possible to the child's home.

(84.35(d)) (121a.552(a))

From: Montana State Guide to Non-biased Assessment of Native American Children, Molineux

Appendix E

SUGGESTIONS ON PARENT INVOLVEMENT*

Barriers to Parental Participation in the IEP Process

1. Many parents express a lack of knowledge regarding the child's true needs and abilities.
2. Some parents feel intimidated by the school system.
3. A few parents believe that a child's education is the responsibility of the school system and that they should not become involved.

School staff can make it easier for parents to involve themselves by:

Facilitating Parent Participation at Meetings

1. Pre-meeting information
   a. Schedule meeting when working parents can attend.
   b. Send written notification of meeting which is NOT a form letter.
   c. Provide parents with a list of who will be at the meeting.
   d. Share assessment data prior to meeting.
   e. Send a list of questions for parents to consider before attending.
2. Initial proceedings at meeting
   a. Provide introduction, use name tags, consider preferential seating.
   b. Clearly delineate the person who guides the meeting and assures parent participation.
   c. State purpose of meeting clearly.
   d. Provide written list of rights and explain these to parents.
   e. Ask parents to make opening statements.
   f. Provide an agenda and keep to time limits.
   g. Respond honestly to parent questions.
3. Interpretation of assessment results
   a. Integrate assessment results and state these in clear language specific to the child.
   b. Make a copy of assessment results available to parent.
4. IEP development
   a. Have a pencil copy of recommendations available, with copies for everyone for discussion/modification.
   b. Find out how and how much parents would like to be involved in implementing aspects of the IEP at home.
5. Placement recommendations
   a. Have a list of alternative placements and related services.
   b. Give parents an opportunity to visit alternatives.
6. Conclusion of meeting
   a. Make sure perceptions of outcomes are shared.
   b. Summarize decisions and their basis.
   c. Have copies of IEP made and distributed.
   d. Tell parents about annual review.
   e. Ask parents about future contacts—how they would like to be contacted and how frequently.
7. Follow-up—Set up opportunities for parents to participate besides the IEP meeting.

Appendix F:

Language Dominance Categories: State of Alaska

A
Students who speak a language other than English exclusively;
B
Students who speak mostly a language other than English, but also speak some English;
C
Students who speak a language other than English and English with equal ease;
D
Students who speak mostly English but also speak a language other than English;
E
Students who speak English exclusively but whose manner of speaking reflects the grammatical structure of another language;
F
Students who speak English exclusively but do not fit category E.

Appendix G:

Field Information Retrieval Forms

The developers of this manual see it as material "in process" and, as such, in need of constant updating on an annual basis. The information that will serve as the basis for this re-development must have as its primary source individuals who have utilized the manual in the field. This competency-based procedure is particularly important in the development of a non-biased approach to assessment as it is impossible for any writer, or group of writers, to accomplish such a task from limited experience.

To facilitate the gathering of this information, the attached forms have been developed for your use. Please insert your written recommendations, developed in a manner that you feel will allow their "as is" insertion in the document.

Suggestions for changes in this document must be illustrated by the correction and re-development of that portion of the manual being discussed. It is frequently not possible, due to staff and time realities, to adequately respond to valid recommendations from the field unless they are developed in a manner that allows their direct insertion as a replacement for existing material. A postage paid, addressed envelope is included for your convenience.

Field Information Retrieval Form

Non-Biased Assessment Manual

General Content Recommendations

Date:

Name:

Position:

Location:

School:

Phone Number:

Recommendations for change in content

Page No. _____

Paragraph _____

Preceding sentence _____

Develop in the space below material you would like inserted as a replacement to existing copy. Attach additional pages if necessary.

Indicate your reasoning for making this recommendation.

Field Information Retrieval Form

Non-Biased Assessment Manual

Recommendations for Test Matrix

While we have made a strong effort to develop a test matrix that reflects the best instrumentation for bias-free assessment available to Alaskans, we realize new approaches are constantly being developed and existing practices constantly being refined by professionals in the field. Please indicate below any information you may uncover in your work that you feel should be included in the next update of the testing matrix.

Name of instrument or procedure _____

Author _____

Publisher _____

Address _____

_____

Cost _____

Assessment areas most applicable to: _____

_____

Areas of caution or concern in usage _____

_____

Level of experience necessary for administration of test/process _____

_____

Level of experience necessary for interpretation _____

_____

Other instruments that, in your experience, correlate well with this test/process _____

_____

Other comments _____

_____

_____

_____

_____

Field Information Retrieval Form

Non-Biased Assessment Manual

Resource Recommendations

It is important that we constantly update our supportive information package. Please complete the following section *if* you feel you have information that will be of value to others using this manual.

I recommend the following individual(s) as resource people to the processes outlined in this manual.

Name:

Position:

Location (address):

Phone:

Areas of Possible contribution:

I recommend agencies and/or programs as resources to the processes outlined in this manual.

Agency/Program:

Individual to be contacted:

Name:

Position:

Address:

Phone:

Areas of possible contribution:

Thank you for participating with us in this effort.